THE LANCET.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

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LECTURE VI.

Gentlemen,

In my last Lecture, I was pointing out in what manner the different organs may be classed together, according to the functions which they perform. I then spoke of the organs concerned in the circulation of the blood, of the secretory organs, and of the nutritive system, or organs of supply. All these naturally follow in turn, as connected with and depending upon each other. The next group of organs which I shall speak of, will be the *organs of respiration*. These follow next in order, because the matters taken in as food, although properly digested and absorbed by the lacteals, are not fully assimilated, or made applicable to the purposes of the system, till they have undergone a further change; and this change is effected by the organs of respiration. The nutritious portion of the food absorbed by the lacteals, is mixed with the venous blood, and along with this carried to the lungs where it is exposed to the influence of the atmospheric air, which effects a change upon it, and thereby renders it fit for the purposes of the system. Having undergone this change, it is returned back to the heart, and becomes a part of the general arterial blood, and is thus distributed to the different parts of the body, for the purposes of nutrition and secretion. Respiration, therefore, is a function essential to the nutrition of the body; and we see that the organs of respiration should follow next in succession after the organs of supply. On account of the necessary connexion which this function has with life, the organs of respiration form a group of considerable importance; and as this function cannot be wholly interrupted without the destruction of life, nor impeded without injury, the diseases of this class of organs are of the utmost moment. The organs of respiration consist of, 1st, the *air-passages*, commencing at the nostrils and terminating in the air-cells of the lungs, including the larynx or organ of voice, the trachea or windpipe, and the divisions and subdivisions of this, termed the *bronchiæ*; 2d. The lungs themselves, in which the necessary changes are effected on the blood; and, 3d. The *moving powers*, (the muscles of respiration, the chief of which are the diaphragm and intercostal muscles,) by the action of which, the air is brought into, and again expelled from, the lungs, these being altogether passive in this respect.

The group of organs which follow next in succession, are the *organs of excretion*. A great part of the matters taken in as food is not convertible into nourishment, and requires, therefore, to be again discharged from the body. The intestinal canal answers this purpose; it conveys away such parts of the food as are not useful, but which by retention might become noxious. The urinary organs also, are to be considered as organs of excretion. The kidneys, with their appendages the bladder and urinary passages, serve to discharge from the general mass of blood, under the name of urine, such matters as have become unfit for the purposes of the system. Possibly the exhalents belong to the class of excretory organs, for there is good reason for supposing, that these vessels carry something noxious out of the body.

The functions which have hitherto been mentioned serve simply for the support of life in the individual, unconnected with surrounding objects by any other ties but those of immediate necessity. These functions exist throughout the whole of living nature, from vegetables upwards to man, though exercised through the

medium of different structures. To these functions the term *vital* is peculiarly appropriate, as being the tenure upon which life is more immediately held. They have been termed, likewise, *internal* and *organic* functions, though, as it appears to me, with less propriety.

The *vital* organs then in animals, or those which serve for the maintenance of the simple life of the body, are those of circulation, secretion, nutrition, respication, and excretion. By these the particles of foreign matter are transformed into its own substance, and parts which have become useless and probably noxious, are expelled.

In respect to the functions just mentioned, man rises but little above the vegetable world. His organisation, indeed, is more refined and complicated; but he exists for himself alone, unconnected with surrounding beings, except in so far only as he is dependent upon them for supply. But there is another class of functions which serves to maintain a commerce between him and the rest of nature. Thus he has organs of *sensation*, which inform him of the existence of surrounding objects, and their various properties, whether cognizable by the sight, hearing, taste, smell, or touch. He has also organs of *voluntary motion*, which enable him to approach or avoid them, as they happen to be objects either of his desire or aversion; and he has a *voice*, by which he is rendered capable of communicating, to beings similar to himself, his wants and his fears, his pleasures and his pains. To this class likewise must be referred the *intellectual powers*, by which he reflects on, and compares his sensations, and forms a judgment with regard to them, by which, in the result, he determines his mode of acting, thus becoming a rational and moral agent.

The organs by which these important functions are carried on are called

The *organs of relation*, or, more commonly, the *nervous system*. They consist of—

1st. The organs of sensation, voluntary motion, and mind, viz. the brain, spinal marrow, and nerves, including the organs of the different senses.

2d. The voluntary muscles, or moving powers; and,

3dly. The bones and ligaments connecting them; the mechanical means by which the purposes of the mind are answered.

By these organs, as I have said, we learn the existence of other beings, which otherwise we could not have a knowledge of; by these also we judge of their fitness for us, and hence they become objects of desire or aversion. The voluntary muscles are given us that we may procure or avoid those objects. Now these muscles require mechanical instruments to assist them, and it is to this purpose that most of the bones are devoted; they may therefore be considered as appendages to the nervous system, for without them locomotion could scarcely, or in a very imperfect manner, take place. The various parts of the bony fabric are connected together by the ligamentory structure; this also is employed in binding together the numerous bundles of contractile fibres, which constitute the voluntary muscles; the whole is enveloped in one common covering, the skin, which is an important organ, answering a double purpose, serving both to connect and defend all the parts, and also as the organ of the sense of touch.

These classes include all parts of the body, and having thus cursorily described them, I shall proceed to point out the decayed state to which each is liable, with the manner of the treatment; for the *pathology* of an organ has always an intimate connexion with, and dependance upon, its *physiology*, as has been before observed.

But there are certain general properties belonging to diseases, which should be first pointed out, as much repetition may, by this means, be avoided; it will be useful, therefore, to give a sort of

General Description of Disease.

1. *Definition of Disease.*—Disease may be thus defined: "an imperfect or irregular performance of one or more of the functions of the body." This is sufficient to convey a general idea of what disease is, or, considering the body in the light of a machine, we may say, it is the irregular performance of it which constitutes disease.

2. Diseases are known by certain marks or signs, which are denominated *symptoms*. These may be obvious to inspection merely, as the colour of the skin, the appearance of the eyes, or features; by these alone we are often enabled to tell the nature of a disease about which we are consulted, for we can immediately detect jaundice by the colour of the skin or eyes. Phthisis pulmonalis also may be discovered by the general appearance of the patient and his manner of breathing; these strike us at once, and point out the disease. In like manner, brain affections in children are greatly discoverable by the expression of the countenance; the temperature of the body, the state of the pulse and tongue, are obvious symptoms, and highly worthy of our attention. We

are not, however, to rely solely upon these, but endeavour to acquire information from every possible source. We should inquire into the feelings of the patient, which, in many instances, will lead us to the seat, and sometimes even serve to show the nature of the disease. Most diseases are attended with pain or uneasy feeling, which the patient is very ready to describe, and the seat of which is in general the seat of the disease. We must not, however, rely too implicitly upon this, because some diseases are attended with very little pain, and this is frequently the case with the most important. The worst cases of inflammation of the lungs are at times attended with no pain. Many affections of the brain also are attended with little pain, for although this organ is the source of feeling to other parts, yet in itself it has very little sensibility; so that we should be liable to overlook the most dangerous diseases of this organ, if we had no other symptom than pain to guide us. Sometimes this pain is remote from the organ affected, as in many cases of inflammation of the liver; and in diseases of the lungs there is often pain complained of about the middle of the upper arm. In diseases of the hip-joint, likewise, the pain is often felt only at the knee or ancle. On some occasions the patient is incompetent to describe his sensations; and this may arise either from natural imbecility, the age of the patient, or from the nature of the disease itself, which may render him thus incapable, as is frequently seen in brain affections. In such cases we must resort to other means, which, in general, are sufficient for our purpose, such as the examination of the different functions. Pain may deceive us, and there may be no obvious symptoms, indicating the particular seat of the disease, but a cautious and attentive examination of the manner in which the different organs perform their functions will generally make us acquainted both with the seat and nature of a disease—with the former almost to a certainty, because no organ can be in a diseased state and perform its functions as in health. Thus, for instance, if the lungs be affected, respiration will be more or less impeded, and that in proportion to the degree and extent of the disease. If, therefore, we wish to know whether the organ is sound we must inquire into the state of the function which it performs; and so with respect to other parts, wherever there is room for doubt, we examine the different functions till we arrive at those which are disordered, for a disordered function implies a disordered organ. In many cases minute and tedious inquiry is necessary, in order to arrive at a just conclusion, for diseases that have subsisted long are attended with such a variety of symptoms, a number of organs getting into disorder, that it becomes difficult to determine what the primary disease is, and nothing but a cautious examination of the different functions, as well as a history of the case, will enable us to say what is the real disease.

The symptoms of a disease may be *few* or they may be *many*; commonly, however, they are so numerous as to require arrangement, and for practical purposes it is highly necessary that a distinction should be made.

The first division of symptoms that has been made, and which is highly important, is into such as are *primary* and such as are *secondary*. Now if our attention is bestowed exclusively upon the secondary symptoms, the real disease may be overlooked or badly treated, for the removal of the secondary symptoms has often no tendency to remove the primary, or to relieve the disease itself, but may have the effect of aggravating it. Thus, when inflammation of an indolent kind arises in the liver, and that not very extensive, the primary symptoms, which are pain and disordered function, attract but little notice, while the secondary ones, such as want of appetite, nausea, vomiting, and the like, are the most prominent, and are apt to engage the attention, both of the patient and the practitioner, almost exclusively; such mistakes I have often witnessed; the consequence then is, that stimulants and tonics are administered, in order to relieve those secondary symptoms, with the almost necessary effect of aggravating the real disease.

Again, general febrile symptoms, such as furred tongue, hot skin, thirst, &c., which are always secondary, and the result of topical inflammation, afford us no clue to the real seat of the disease. We are obliged to carry our inquiries much farther in order to determine this, and which can only be done by examination of the primary symptoms. Whereas practitioners often content themselves with treating the secondary symptoms only, considering these as the disease, as is generally done in idiopathic fever, which is always a secondary affection (as far as regards the general disorder of system) and the result of some primary topical inflammation, the actual seat of which is to be learned by inquiry into the feelings of the patient and the state of functions.

Symptoms, again, have been divided

into *common* and *proper*. Common symptoms are such as belong to different diseases, while the proper ones characterize diseases individually; for instance, febrile symptoms take place in a great number of inflammations, and do not necessarily point out any particular organ as the seat; these, therefore, are said to be common symptoms. The proper symptoms consist of the disordered state of feeling and of function of the affected part. They have been called the *diagnostic* or *pathognomonic* symptoms, because they enable us to distinguish one disease from another.

Another division of symptoms has been made into *essential* and *accidental*, and this is not without its use. The essential are those which belong of necessity to the disease, while the accidental are of uncertain and only occasional occurrence; it is from the essential that we deduce the nature of the disease. Thus, in idiopathic fever, it is from the pain in the head, and the disordered state of the sensorial functions, which are essential to the disease, that we conclude the seat of the disease to be the brain; while cough, or difficult respiration, or diarrhœa, or any other, are of no moment in the discussion, because they are accidental only.

After having inquired into the symptoms, our next inquiry will be the *causes* of disease. Disease sometimes arises so gradually and imperceptibly, that the cause altogether escapes our notice, and the disease is then said to arise spontaneously; this however, is an improper term; as a disease, as well as every other event, must have a cause to produce it.

The causes of disease being very various, they have been divided into *remote* and *proximate*, and into occasional or *exciting*, and predisposing causes. It is therefore necessary that we should understand the import of these terms.

Causes are called *remote*, when there is a perceptible interval between the application of the cause and the production of the disease. This interval is very different in different cases. For instance, when intense heat is applied to the body, scarcely any interval can be discovered between the application of the cause and the appearance of disease; inflammation being instantly excited; and yet this is called a *remote* cause. In other cases the interval is often considerable. Take, for instance, cold, which is undoubtedly a cause of disease, though an uncertain one. An interval of twenty-four hours, and in some cases several days, takes place before the disease makes its appearance. There are also peculiar causes of disease, where long and determined intervals occur after the application of the cause before the disease is excited. This is the case with what we call morbid poisons, which seldom produce their effect immediately, each acting according to a law peculiar to itself. Thus for example, the *variolous* poison produces its effect in general in eight or nine days after inoculation; the poison producing *hydrophobia* is still more remarkable for the time which intervenes between the application of the cause and the appearance of the symptoms. This disease seldom appears in less than six weeks after the bite; but in general the interval is ten or twelve weeks, and in some cases, as is stated, even much longer.

We cannot account for the fact, that one poison is longer in producing its effects than another. The endeavour to account for it, however, has given rise to an abundance of the most absurd speculations. In the case of cold, a chain of false reasoning has been set up. It has been said, that cold contracts the pores of the skin, by which the insensible perspiration is retained. The retention of this matter was said to be the cause of disease, as it was supposed to be noxious, and therefore, requiring to be thrown out of the system. The hypothesis was carried further, and, of course, governed the treatment; for it was thought necessary to restore the perspiration, as the only essential means of cure; and remedies were accordingly applied, with a view of expelling the supposed noxious cause from the system, through the pores of the skin. Sudorifics were employed upon the belief that, in this way, the noxious cause would be got rid of. In order to judge of the quantity of perspirable matter thrown out, scales were provided and the patient was weighed from time to time. We no longer consider the matter in this light, but are content with the general fact—that cold actually gives rise to many diseases, though we may not understand its mode of acting. It is, on all occasions, better to confess our ignorance than to assume any thing that cannot be proved. We should not admit any thing that does not rest upon some strong probability. Now we have nothing to prove that the retention of the perspirable matter is the cause of the disease in this case.

The term *occasional* or *exciting* cause, has been applied to that which induces the morbid state. Thus acidity in the intestinal canal, is often the *occasional* or *exciting* cause of cholic, and comes under the head of remote causes, in contradistinction to *proximate*.

The term *proximate cause* has been very vaguely used. It has been generally employed to express the nature of a disease: for instance the proximate cause of cholic is said to be spasm of the intestine; but this, it is evident, is the disease itself; it is in this sense, however, that Dr. Cullen and many other writers, use the term. Spasm, undoubtedly, is the cause of the symptoms, but not of the disease; for it is the disease itself, and nothing more. This term, therefore, is objectionable, and ought not to be used, without a full understanding that the actual condition of the part, as distinguished from the healthy state, is intended to be expressed by it.

It is of importance to notice the term *predisposing* cause. We often find that the *exciting* or *occasional* causes of diseases, when applied to the body, do not produce any effect. For instance, a person may at one time be exposed to cold, without disease following; whilst at another, disease takes place. Now the application being the same in both cases, there must be something peculiar in the body itself that exposes it to be affected at one time and not at another. This state of system is called predisposition; without predisposition, therefore, the causes of diseases do not act. There are some causes, however, so powerful, that they produce their effects at all times; as for example, intense heat; which, under all circumstances, induces inflammation. It is always desirable to know in what predisposition consists, or what the circumstances are which induce it; as this knowledge may often enable us to avoid disease. If we can remove the *predisposition*, it is nearly the same thing, in effect, as removing the cause. I may illustrate this by reference to *small-pox*, the predisposition to which we have the means of destroying by the practice of inoculation. We have, also, another mode; that is, by the application of the *vaccine virus*. This latter, however, is less effectual than the former. General debility is a predisposing cause of many diseases. Persons who have been weakened from any cause are more susceptible of the impression of cold. Preternatural irritability of the body is, also, a predisposing cause. Persons who are irritable and debilitated, are very apt to fall into disease; knowing this, we endeavour to restore strength in such cases, as the means of preventing disease.

The subject of our next lecture, will be the *nature of disease*

LECTURES
ON SOME
PRACTICAL POINTS OF SURGERY,
DELIVERED TO THE
Students of the late Borough Dispensary,
BY MR. ALCOCK.

LECTURE IV.—(Continued from p. 313.)

On the occasional ill consequences of Venesection.

Gentlemen,

Secondary hæmorrhage, occurring at a period more or less remote during the first twenty-four hours after bleeding, is not an unfrequent occurrence. Sometimes the quantity of blood thus lost is inconsiderable, yet it seldom occurs without exciting distrust in the mind of the patient of the skill or care of the operator. This accident may take place from the imperfect adaptation of the bandage and compress, or from their giving way after having been adjusted. I have known it occur by the patient having taken off the bandage within a few hours after being bled, and thus lose a quantity of blood far exceeding what any remedial intention would justify.

A young surgeon, in a maritime town, bled a seaman, and from some cause or other, which was not satisfactorily explained, hæmorrhage from the orifice recurred; this, however, did not prevent the patient from going to sea when his ship was ready; the hæmorrhage returned from time to time, and before the vessel returned to the port from which she sailed the unfortunate patient had died. No doubt, in the well-meant endeavours of his companions, their attempts to stop the bleeding had been very unskilful, but that circumstance did not prevent the opinion spreading over the town, that the untimely death of the poor fellow was the consequence of the unskilfulness of the operator. So widely did this impression obtain, that the surgeon ceased to be employed, and was obliged to leave the place where his prospects, previously to the occurrence of this fatal accident, had been unusually promising.

I could mention other cases, but this will suffice to put you upon your guard to prevent, by due care, the occurrence of any similar mishap.

Puncture of a nerve may happen in the hands of the most skilful, as well as in those of the uninformed, for the branches of the cutaneous nerves sometimes pass

over the vein, when their usual course is to pass under the vessel, and unlike the artery, which may be felt by its pulsation, and thus any deviation from the regular course be observed, these cutaneous branches of nerves cannot be distinguished. The branches of the internal cutaneous nerve generally pass under the median basilic vein, whilst those of the external cutaneous more frequently pass over the cephalic and median cephalic veins. A gentleman, who was house-surgeon in one of the metropolitan hospitals, suffered for several weeks painful and uneasy sensations in his arm from the puncture of a nerve in bleeding. I have heard of tetanus being an occasional consequence of this accident, but no instance of so severe a result has come under my observation, although the possibility of such an occurrence cannot be doubted, knowing what slight injuries sometimes give rise to that formidable disease.

Puncture of the fascia, and its supposed consequence, *inflammation of the fascia*, have been described by authors as sometimes taking place. The puncture I do not question; but that the symptoms usually ascribed to this accident are really produced by inflammation of the fascia I believe there is sufficient reason to doubt; for whilst it is known that the fascia is much less vascular and sensible than the textures immediately in contact with it, the symptoms usually described would certainly result from inflammation and swelling of the parts underneath the fascia. The tension and distress arising from this swelling beneath the fascia has, sometimes, required the division of the tendinous expansion of the biceps near its insertion into the fascia, and extensive suppuration, burrowing under the fascia, has called for a more free division of both fascia and integuments.

Wound of a lymphatic vessel I have known to happen, although of rare occurrence. In one case a capillary aperture remained for some weeks, from which there was a constant oozing of limpid fluid, capable of being restrained by pressure below the orifice, but not affected by pressure higher up the arm. No other inconvenience was experienced, and the aperture healed spontaneously.

Inflammation of the integuments and subjacent cellular substance, commonly called *festering*, is the most frequent of the accidents resulting from bleeding. It may extend from a mere spot surrounding the orifice, sometimes to a considerable distance, and in degree may be slight or severe. There is stiffness of the arm, attended with pain and swelling. Sometimes the lymphatic vessels and glands partake in the inflammation, and hence swellings in the axilla, &c. occasionally supervene. I have not known an instance of this affection of the lymphatics, from bleeding, where the orifice had healed without festering. If the sides of the orifice be accurately placed in contact and be thus retained, without being disturbed, for a sufficient time, the want of union will be extremely rare; but when it is considered how apparently slight the causes are which may prevent union, the frequency of that occurrence cannot excite surprise. If the sides of the orifice be not in contact, they cannot unite by adhesion, or, as it is technically termed, by the first intention; hence the wound scabs or suppurates, and inflammation may accompany to a greater or less extent. Sometimes a small particle of fat protrudes at the orifice, and if this be not removed or replaced, union is prevented; any extraneous matter, such as particles from a dirty sponge, blood coagulated in the orifice, or the compress so placed as to separate the edges, may prevent union; this may also be effected by the too early use of the arm; a foul or rough lancet may be an occasional cause; it has happened that a lancet armed with vaccine virus has been used by mistake; constitutional causes may, perhaps, prevent union, but when the requisite precautions have been used, I am well convinced the want of union will be of rare occurrence. I have entered thus fully into the causes of festering, as though mere festering is the least of the occasional ill consequences of bleeding, it is, as it were, the parent of greater evils.

The treatment consists in rest and such means as may subdue the inflammation of the part; if the inflammation be not subdued it not unfrequently terminates in abscess.

Abscess in some instances has proceeded to a dangerous and alarming extent; I have seen the deeper parts at the bend of the arm laid bare to an extent of several inches, by the loss of substance occasioned by abscess of the cellular membrane, and sloughing of the integuments. In one instance, the patient, who had been bled as an hospital out-patient, was one of those unfortunate beings, an Irish labourer, forming one of the inmates of a crowded apartment, where every thing was unfavourable to health, and so great was the constitutional irritation, that for many days his life was in danger. He recovered; but for several weeks was unable to use the arm.

Erysipelas may arise from bleeding when the orifice does not heal kindly. It bears the same characters as when taking

place on other parts of the body, and is generally connected with constitutional derangement, on which must in a great degree depend the mode of treatment; but I have not known it to occur when festering of the orifice has not preceded. You are aware that erysipelas sometimes terminates in mortification and death.

Inflammation of the vein is another of those dangerous consequences of venesection, which has in many instances terminated fatally. This, like the former accidents, has its origin in the irritation and suppuration of the orifice, which proceeds upwards in the course of the vein. Unless the inflammation be subdued by early and judicious treatment, it extends along the course of the vein towards the heart, and dissection has shown the vessel filled with pus as far as its termination in the subclavian vein. Whether the pus thus found be formed within the vein, or have passed into it by the open orifice from whence the inflammation had proceeded, does not appear to have been ascertained; but of the dangerous and fatal results of pus carried into the circulation we cannot doubt; and the experiments by M. Gaspard, related in an early volume of Magendie's Journal of Physiology, afford demonstrative evidence on that interesting subject.

The application of a compress above the punctured part has been recommended, and a total division of the vein has been suggested by Mr. Abernethy as a mode of treatment which may be proper; but I should rather trust to those means which might subdue the inflammation.

Strangulation of the limb by undue or excessive tightness of the bandage after bleeding has not, so far as I know, been noticed by authors; a fatal instance occurred in an out-patient of one of the metropolitan hospitals, in the summer of 1822. The patient was so slightly indisposed as to have continued his employment up to the time he was bled; he was bled by one of the pupils, and there was, perhaps, some difficulty in stopping the blood. The arm was tied up and directions given not to untie it. In the afternoon he complained of stiffness in the arm, and in the evening that it was painful. The pain increased so as to prevent him from sleeping, and his wife stated "his groans were dreadful." Early in the morning he awoke his wife, stating to her that the pain had been so great he had not been able to close his eyes. She removed the bandage from his arm, and he became somewhat easier. She observed the arm was swelled. He passed another restless night. His wife was obliged to leave him during the day, and when she returned he said "he had suffered a martyrdom." She observed that the arm was a darkish kind of purple for a hand's breadth above the wound, and red below it and very much swelled. His night was again restless, and next morning (the fourth from the bleeding) the arm was black about a hand's breadth on each side of the wound, and the upper part of the limb was swollen very much. In the course of his illness his head became much affected. The further details were such as mark the progress of mortification. This poor unfortunate patient was bled on the Saturday and expired on the following Thursday, leaving a widow and three children without any means of support.

The treatment, I fear, will not bear scrutiny. From the Saturday till the Tuesday the time was unfortunately lost, nothing having been done; and the widow, in deploring her loss, expressed her grief that her husband although unable to leave his bed and notwithstanding her repeated solicitation, had not been visited by any of the principal surgeons of the Hospital where he had been bled till within an hour of his death.

In reviewing this melancholy case it may serve to impress upon your minds the necessity of attention even to the smallest details, upon which the welfare of a fellow-creature may depend.

It is probable that the difficulty in stopping the blood might arise from the orifice being made larger than necessary; this circumstance, and a laudable anxiety to prevent after-bleeding from the wound, might lead to the undue tightness of the bandage; this, and the caution given not to untie the bandage, allowed the first progress of mischief to go on increasing, whilst the patient bore the pain for many hours with great fortitude, till he no onger could support the suffering. Even here all might have been retrieved, had he been fortunate enough to receive judicious surgical aid, but much valuable time was lost, and when competent assistance was obtained it was too late.

The gradual increase of pain and swelling whilst the bandage was continued, marks the progress towards strangulation, and whether the bandage be used after bleeding, or as part of the dressing of an accidental wound, or of a fractured limb, and whether it be too tight at first, or become so by the gradual swelling of the limb, still the injury may be to that extent as to endanger the limb, or even the life of the unfortunate sufferer.

From what has been shown, it is obvious that simple as the operation of bleeding may be considered when perfectly performed, yet dangerous and even

fatal consequences have resulted from errors apparently very trivial in the outset. I have endeavoured to trace the causes of these errors, that you may avoid them. The principle I have habitually acted upon has been, where the responsibility rested upon myself, to let *instruction, careful and assiduous instruction*, precede practice, by which I have avoided many anxieties which must otherwise have fallen to my lot. Many years engaged in public as well as private practice, my pupils have not had the opportunity, nor, I believe, the inclination to be idle. One of them who, during a period of more than nine years, has been my pupil and my assistant, and whose habitual attention to his professional duties has won my esteem, has, during that period, had occasion to perform venesection in thousands of instances, and without one single untoward accident; his junior, one of your fellow students, now present, has kept an account of more than eight hundred instances in which he has performed bloodletting, and he assures me that only four of these have festered, to which may be added one in which inflammation of the parts under the fascia required rest of the arm for two or three weeks. No serious accident has occurred. The case of wounded lymphatic occurred in my practice, but whether in my own hands, or those of my pupils, I do not recollect, for I profess to have no superiority over them in whatever they have been instructed in, for I have no secrets to withhold.

In expressing my belief that the ill consequences occasionally succeeding venesection may, by proper care, be almost wholly avoided, I speak from no very limited experience; but far from thinking there is any merit in having possessed ample oppportunities, I am the more convinced it is the imperious duty of every one who enjoys such advantages to render them subservient to the welfare of others. Since all are liable to err, there is no need, in alluding to errors of practice, to hurt the feelings of individuals, the object being to prevent the recurrence of similar evils; but the surgeon who conceals the errors he may have fallen into, or which he may have observed, is as blameable as the pilot who should conceal his knowledge of rocks and shoals which had caused shipwreck and destruction.

Gentlemen, in your intercourse with your fellow students, with your professional brethren, be anxious to learn as you should be ready to communicate whatever may be useful to your fellow creatures. In a science which teaches the godlike art of preserving and restoring health, he who keeps secret the knowledge of that which he believes might prove beneficial to others forfeits all claim to esteem, by preferring his own sordid interest to the duties of humanity.

LECTURE V.

Bleeding from the external Jugular Vein.

Gentlemen,

The occasions for this operation are, when it is necessary to abstract a large quantity of blood more speedily than it can be drawn from a vein in the arm; or when it is desirable, in addition to the effect of a general bloodletting, to diminish more immediately the fulness of the vessels of the head; sometimes, also, it is called for in the diseases of children, when general bloodletting is required, and yet the veins of the arm may be so small or so deeply imbedded in fat, as to render bleeding from the arm difficult or impracticable.

The surgical anatomy of the neck, particularly of the superficial and lateral parts, should be carefully studied before this operation is performed by the student on the living body; for though the operation is extremely simple in skilful hands, yet fatal accidents have been known to result from the performance of it. The point usually selected for opening the jugular vein, is where that vessel crosses over the sterno mastoid muscle, and is covered only by the integuments and the platisma myoides. This thin muscle, which must be perforated before the vein can be reached, affords a somewhat greater resistance than is felt in bleeding at the bend of the arm. The same precautions of placing the thumb so as to keep the vein steady, and using the fingers not employed in holding the lancet as a rest to afford steadiness to the hand, are as essential as in bleeding from the arm. The operation is performed by compressing the external jugular of each side at its lower part, and this may be done by the fingers and thumb of the operator's left hand as readily as by a bandage. The point of the lancet is entered obliquely to the direction of the vein, and carried through the integuments and platisma myoides till it open the vein, but not deep enough to transfix it, when the point of the lancet is raised so as to make the aperture through the integuments directly over that of the vein. Care is required so to arrange the position, that it should not be changed during the per-

formance of the operation, for a slight motion of the neck is apt to change the relation of parts, so as to render the opening valvular, and thus prevent a sufficient quantity of blood being obtained.

I should particularly suggest an attentive watching of the countenance and pulse of the patient during the abstraction of blood from this large vein, as the effect produced is comparatively more sudden than in ordinary bleeding, and in children this becomes imperatively necessary. I should further recommend the abstraction to be suspended, if not before, at least as soon as the countenance and pulse indicate the approach of *syncope*, by which I believe every remedial indication may be fulfilled without danger; whilst, in carrying the depletion so far as to produce perfect *deliquium*, a state of danger is induced, from which no one can with certainty say the patient is sure to recover. A sufficient quantity having been abstracted, and the pressure below removed, the orifice must be cleaned, and neatly and accurately closed, and its sides be retained in contact, either by a strip or strips of plaster, or by compress and bandage. In this, as in other parts of surgery, there are lesser precautions, which are not unworthy of attention. In performing this operation upon children, it may be well to ascertain that the steadiness of the nurse or assistant can be depended upon. That intensity of parental feeling, which every one must honour, is sometimes too powerful to be under the control of sound judgment, and therefore renders mothers doubtful assistants on such occasions. I have been informed of a case in which, during the performance of this operation, the child, supported on its mother's knee, fainted. The pallid death-like countenance of her infant might well alarm a mother, who had never seen a person faint before; in her alarm she raised the child upright, grasping and pressing it to her bosom, and apparently insensible to the entreaties made to place the child instantly in the horizontal position; the effect of the upright position was equivalent to a larger loss of blood, convulsions supervened, and the unfortunate sufferer expired.

Secondary hæmorrhage, in proportion to the largeness of the vessel, is more to be feared than from the arm. Several years ago, an unfortunate instance of secondary hæmorrhage from the external jugular, after bleeding, came under my cognizance, which forcibly illustrated the necessity which I have previously dwelt upon, of giving directions respecting any probable occurrence which should be avoided, and of adapting the mode of communication to the intellect of the patient or attendants. The operation had been performed, and considerable relief experienced; the orifice was closed by compress and a bandage, and was supposed to be secure. The patient was a child, and, as too often happens in humble life, when the alternate exercise of indiscreet indulgence and hasty chastisement supersede more rational means of moulding the character, was habitually fretful and obstinate. The mother had unguardedly left the child without any attendant, and when she returned found the child, as it were, deluged in blood, and expiring or dead. The gentleman who had performed the operation was known to be liberally educated, and humane and attentive in the exercise of his profession, yet, strange as it may seem, I found an altercation had taken place, scarcely to be expected, recently after so lamentable an occurrence; the unfortunate mother accused the practitioner of having killed the child, and he retorting that she had caused its death by leaving it for the purpose of going out to get drunk; perhaps some cause of blame might attach to each. The orifice had certainly been made larger than I should, under ordinary circumstances, have deemed necessary, and the poor mother was not free from indications of intoxication. Notwithstanding the large orifice, as the bleeding had been restrained in the first instance, it might have been commanded subsequently, and even supposing the child by its restlessness to have displaced the bandage and compress, yet had the probability of such an occurrence been pointed out, and constant watching been insisted upon and adopted in consequence, even had the bleeding recurred, a finger placed upon the orifice would have restrained the further loss of blood, till the parts might have been more effectually secured by the professional attendant, and thus the fatal event have been prevented.

Should there be great difficulty in restraining the hæmorrhage after bleeding from the neck, a circumstance which I have never experienced, although I have had frequently occasion to bleed from the external jugular in cases of hooping cough, croup, &c., where the impulse given to the blood during a fit of coughing was extremely liable to disturb the parts, yet care being taken that the orifice has been no larger than required, I have found the flow of blood to cease immediately on removing the pressure below the opening; so that I have generally found a strip of plaster, after the orifice

had been carefully closed, a sufficient security; but if there has been the slightest probability of return of bleeding, I have adopted the precaution of using graduated compresses and bandage, in addition to careful superintendance. Although from the extensive motion of the neck there may be some difficulty in retaining the bandage in its proper situation, yet, when we come to consider the use and application of bandages, I shall have occasion to demonstrate that the simple roller, or bandage, may be so applied as to make efficient pressure upon any part of the body.

The mode which nature adopts to restrain hæmorrhage is, first by fainting, by which the blood, ceasing to flow, coagulates at the point from which it issued; and secondly, by extravasation into the surrounding cellular membrane, there coagulating and mechanically diminishing or closing the aperture from which the blood had flowed. This is often observable after the application of leeches, the livid colour thus produced by extravasation of blood having sometimes been mistaken as an indication of mortification.

Should any case occur in which there appeared sufficient reason to apprehend the occurrence of secondary hæmorrhage, although I consider it to be the duty of every surgeon to avoid the unnecessary infliction of pain upon those confided to his care, yet I should employ the twisted suture, as affording perfect security against secondary hæmorrhage, in preference to the risk of loss of life, which I have shown you may result; but means of treatment must vary with circumstances; with attentive nurses, and the practitioner within a short distance, danger may be prevented; whilst in the country, and at a great distance from the patient, should the attendants be wanting in presence of mind, death might ensue before the practitioner could arrive.

I would again exhort you to reflect on the rational indications of the treatment of disease drawn from the consideration of the previous history and symptoms, and to see your way clearly, that you may not use dangerous and severe remedies when the patient's safety may be effected by mild and safe measures. Thus in apoplexy, and some other diseases, when a vital organ, such as the brain, may be undergoing dangerous injury by the bursting of one of its blood-vessels, it is our imperative duty, if called in time, to adopt instantaneously those energetic resources of the healing art which are capable of immediately arresting the further progress of injury, and you will find, in such cases, the abstraction of blood from the jugular vein, or from the temporal artery, in such quantity as to act as a general bloodletting, amongst the most efficacious means with which we are acquainted.

Having shown you that the taking blood from the external jugular vein may be performed with safety and advantage, under judicious care, when the circumstances of any case require it, yet you must be aware that the attempt to perform it often fails in the hands of those who have not been at the pains to learn, with sufficient precision, the various circumstances of situation, depth, and relative position of the parts concerned in the operation. The instances I have adduced will be sufficient to put you on your guard that the operation is not always free from danger; hence I need not enlarge on the unprincipled folly of performing a dangerous operation when the recovery of the patient may be equally promoted by safe and simple means. If patients sometimes attach undue importance to operations which may have been needlessly performed, such consideration ought not, for one instant, to bias your judgment in the choice of means, which ought to be guided solely by the welfare of the patient confiding in or committed to your care and integrity.

Taking this view of the duties of your profession, you cannot be made too sensible, that the ordinary duties of surgery are much more frequently demanded than those exertions of talent rarely required, which sometimes stamp the character of a daring operator; and as you advance in life you will become convinced, that precision in the use of ordinary means is of higher value, as subservient to the relief of your suffering fellow creatures, than any degree of skill in extraordinary operations.

Local bloodletting may be effected by leeches, by scarification and cupping, and by arteriotomy.

The object of local bloodletting is to relieve the distension of the vessels of part of the body, without withdrawing from the circulation a quantity sufficient to act generally on the system by depressing its powers.

It is necessary for the practitioner to be aware of the *details* relating to the remedies which he directs, or discomfiture or failure may be the consequence. What

does it signify if in an inflammation of the eye, threatening destruction of vision, that appropriate remedies be directed, if, from want of knowledge or aptitude in those who should apply them, they fail of being carried into effect? In the metropolis, and in large towns, the attendants upon the sick generally possess a tolerable share of intelligence; but in remote situations in the country, where intellect would almost seem to be an exotic, it behoves the practitioner to be aware with how small a degree of intelligence the ordinary business of life may be carried on, and how inadequate such limited powers of mind may be towards carrying into effect many of the details required for the welfare of the sick. Hence it becomes necessary, not only that the medical attendant should give clear and explicit directions, but also that he should have the patience to ascertain whether that, which appears perfectly clear to his own mind, be fully comprehended by the person to whom, in his absence, the care of the patient must be confided. Thus from the simple application of leeches, and the want of the precautions previously indicated, I have known, even in this metropolis, a child bleed to death, large leeches having been applied to the neck and chest, the attendants neither having been made aware of the probable indications of danger, should the loss of blood exceed that which was designed remedially, nor instructed in the mode of stopping the flow of blood, owing to which omission their unskilful attempts proved fruitless.

The best natural history of the leech with which I am acquainted was published by Dr. Johnson, a few years ago; and you will find many useful practical observations, relating to the use of leeches, in the late Mr. Haden's Journal of Popular Medicine.

The occasional ill consequences, after the application of leeches, are similar to those following venesection, such as too long continued or secondary hæmorrhage, festering, inflammation, ulceration, &c. In some persons erysipelas is known to follow the application of leeches. Cold from exposure of a large surface of the body to evaporation, during the continuance of the bleeding from leech bites, although the attendants may be supposed occupied in fomenting the parts, I have known to prove much more injurious than the abstraction of the blood was beneficial. Although leeches afford great facilities when local bleeding only is required, yet you must bear in mind the inefficiency of mere local bleeding when general bleeding only can fulfil the rational indications of remedial treatment.

Cupping. There is a *fashion* in medicine and surgery as well as in manners and dress, and perhaps many of those who order cupping on all occasions might be as much at a loss to explain and define the principles on which it should be occasionally preferred as they would be to give a sufficient reason for the peculiar cut of the collar of a coat.

The occasions for the use of cupping may arise from determination of a preternatural quantity of blood to a part, or from local inflammation, when the contiguous surfaces can bear the pressure of the glasses without injury. Hence cupping is often useful in inflammation of the joints, of the eye, &c., whilst in acute inflammation of the head, the chest, or the viscera of the abdomen, it is mere trifling, unless carried to a much greater extent than sufficient to afford relief by general bloodletting. You may convince yourselves of this principle, by observing that the loss of a large quantity of blood slowly poured out from hæmorrhoids, from the nose, &c., is neither capable of preventing nor subduing inflammation in particular organs, although the loss may be sufficient to be detrimental to health, and by contrasting these effects with those produced by the sudden loss of a less quantity, by the bursting of a varicose vein, or by an accidental wound.

There is much nicety and some dexterity required to perform cupping so as to abstract a considerable quantity of blood and at the same time to avoid inflicting unnecessary pain. In London this operation is generally performed by professed cuppers who do nothing else, not extending their practice beyond the carrying into effect the directions of physicians and surgeons relating to cupping. In the country the surgeon must depend upon himself. A surgeon in the country who enjoys the confidence of his patients and the merited esteem of many friends, but who does not consider it beneath his attention to understand the details of surgery from its highest duties to its humblest offices, has had patients come to him from a distance of forty miles to be cupped, after having undergone painful and unsuccessful attempts to have the operation performed in their own immediate neighbourhood. In contrast to this I have witnessed patients writhing in agony under this simple operation, and declaring they would rather suffer blindness than the torment thus inflicted.

An essential circumstance, in avoiding unnecessary pain, is to have the instru-

ments in good order. Notwithstanding that in London others may be called to perform cupping, I am still of opinion that every surgeon should be able to perform whatever may be necessary in the way of surgical operation for the relief of his patient; in the country, where many of you may probably exercise your profession, no substitute can be expected; and even in town, I have known instances of professed cuppers, though possessing considerable mechanical dexterity, fail in their attempts, till the cause of failure, which was obvious enough to any one sufficiently acquainted with the elements of scientific knowledge, was pointed out to them. Were cupping performed and explained as a philosophical experiment, it would form an illustration worthy the attention of the surgical student.

REVIEW.

An Essay addressed to Captains of the Royal Navy, and those of the Merchants' Service: on the means of preserving the Health of their Crews: with Directions for the Prevention of Dry Rot in Ships. By ROBERT FINLAYSON, M.D., Surgeon in the navy. 8vo. pp. 85. Underwood. London, 1824.

THE author commences his work by making what he calls a few "proemial observations," which are puerile enough, and have no manner of relation to the subject upon which he has undertaken to write. He tells us that the "*theory* of gunnery is now much better understood a ng sailors than formerly, and that the practice of *fencing* lately introduced into the Royal Marine Corps has rendered them a most formidable body of men," &c. He seems truly to be enamoured with the ocean and all its vicissitudes; peaks of mounting "with alacrity on the quivering shroud," when

> "O'er his head the rolling billows sweep;"

and, towards the conclusion of the proem, breaks into the following sublime description of a sailor's deeds:—

"Our 'gallant sons of the waves,' says he, "have not been less celebrated in human than 'elemental war,' for, when the united powers of Europe were in league against us, British seamen most undauntedly stood forward to wield our *naval* thunder bolts, and hurl destruction on our *most* malignant enemies; then the victorious peals of our artillery resounded from *one extremity of the globe to the other*, then the British flag *triumphant* waved her red lion o'er *all watery space*"!!!

The intention of all this may be very good, but we cannot help exclaiming with Horace,

> Desine pervicax
> Referre sermones Deorum, et
> Magna modis tenuare parvis.

We think we have as just a conception of the services of our countrymen in the late struggle as any one, but we do not approve of such attempts "to gild refined gold, or paint the lily," especially if the artist have shown himself incapable of either.

The author concludes his proem by telling us, that it is "against the system of *washing decks*" he has to enter his protest; but as only fourteen pages of the work (and those much interspersed with irrelevant matter) are devoted to that subject in all its bearings, we are at a loss to discover for what purpose he has put forth the present volume. He first speaks "of washing the main and quarter decks," and, having premised that the work is "addressed to captains of the Royal Navy and of the merchants' service," we shall insert what he says upon that subject, more that our readers may see of what the volume is composed than from any expectation of their being interested.

"Washing decks, in His Majesty's navy, is generally conducted under the direction of the lieutenant of the morning watch, while at sea, and by the first lieutenant, or, more frequently, the mate

of the morning watch, in harbour. The watery operations most usually commence about half past four, or five o'clock a. m., and are generally finished just in time to go to breakfast a little before eight o'clock.

And as the quality of the officer is frequently estimated by the style in which he performs this piece of service, the greatest pains is consequently taken, on the part of the lieutenant or mate, to give complete satisfaction. When the ship is at anchor, *all hands* are turned up at half past four; but when she is at sea, *the morning watch* only is called. Immediately the watch comes on deck, water is pumped from the main deck, and drawn from the head, and thrown on the main and quarter decks in the utmost profusion; and this is followed (or sometimes preceded) by buckets of sand being strewed on the decks, and the seamen, during the whole of this period, are compelled to work without their shoes and stockings, (although the thermometer may range at or below the freezing point) dragging the *large holy stones*, working the *hand holy stones*, pumping and carrying water, and, ultimately, using brooms and swabs to dry the decks, before going to breakfast.

The large holy stones, are stones, *en verité*, with smooth under surfaces, slung in the middle by a rope, and dragged backward and forward by means of six or eight stout hands; these stones (as may be anticipated) have the property of rendering the deck whiter and smoother, as well as of grinding every species of animal and vegetable matter into a fine pappy consistence.

The hand stones are used in the corners, and where the larger ones cannot be applied; and, during the whole of this process, the weight of the body is sustained on the naked knee, as they can only be conveniently used in that posture. It would be endless to enumerate the diseases of the knee-joint I have seen excited by thus throwing the whole weight of the body upon the knees.

After the *large* and *small* holy stones have been kept in play for upwards of two hours, by which the decks have been *worn* and *saturated* with moisture, the men's clothes *drenched*, and every atom of matter finely ground down, they are set aside, and this well blended heterogeneous fluid is suffered to escape by means of the scupper holes.

The *dumb-scrapers* are next used to take out *stains*, which could not be acted on by either of the holy stones; and thus, by the assistance of more water, brooms and swabs, the operations (as already mentioned) are completed about half past seven or eight o'clock."

Now this is a process with which "Captains of the Royal Navy" and of the "Merchants' Service" must have been long familiar, whence it must be concluded, either that the Essay, though addressed to them, was written for others, or that the author could have no specific object in going to press. He says "it would be endless to enumerate the diseases of the knee-joint" which he has "seen *excited* by throwing the whole weight of the body upon the knees." Thus, as in other parts of the book, he gets rid of particulars by generalizing his statements. It would *not* "be endless to enumerate the diseases of the knee joint so *excited*," as our author has it, for in truth, there is but one, which consists in an enlargement of the bursæ of the joint, and is commonly called the housemaid's knee, but we never saw it in a sailor. We were taught in our infancy that without a beginning there could be no end, and can therefore very readily understand why Dr. S. states that "it would be *endless* to enumerate the diseases of the knee-joint" which he has seen excited.

"Let us also remember," he continues, "that in this *watery circle*, the victims of venereal pleasure, who have just completed their six weeks' course of alterative medicine, meet with the hepatic valetudinarian, after a long residence in a tropical climate; or the friend of his youth who has a predisposition to, or is already affected with *incipient consumption*, &c., all performing their various parts in the watery throng."

We will grant the author that "hepatic valetudinarians," and persons affected with "incipient consumption, &c.," should not be employed in "swabbing" decks, nor do we suppose that under such circumstances they really are. But as a general principle we may observe, that as the same or greater danger may probably accrue from the hazy weather and the "elemental war," which he talks about,

as from the practice of washing and swabbing decks. Besides, if there be such a profusion of water employed, it is pretty plain, that the evaporation from the deck of the ship cannot be much greater than is constantly taking place from the surface of the ocean. Again the author tells us, that the men frequently get wet, but what sailor minds that or suffers from it. In blowing weather men are frequently wet for a week, and do not relax a whit in their exertions notwithstanding. Indeed we think, that exposed as sailors must be to all the inclemencies of the seasons, the practice of washing the main and quarter decks, as at present conducted is not only necessary in order to insure perfect cleanliness, but may, in a very material degree, enable them to withstand those hardships which are inseparable from their calling.

Dr. F. next proceeds to comment in the same terms on the operation of washing and swabbing the lower deck, which he has also very minutely described. In addition, however, to the evil of that process on the upper deck, the author has here described another, which, as it shows the profundity of his research, we shall insert.

"It will hardly be credited, that the *rage* for washing in some ships, is carried so far, that the midshipmen's chests and others, on the lower deck, are regularly *white-washed* about thrice a week, by a man who goes round with a bucket and brush for that purpose. The injury done by this custom is beyond calculation, not only in diffusing moisture, but, also, by the lime or chalk absorbing the oxygen or vital part of the air, for which it has so strong an affinity; and, from this cause, the constitution of the atmosphere of the lower deck becomes greatly deteriorated."

We wish the Doctor would tell us by what process he discovered that carbonate of lime is so greedy of oxygen, for if the assertion be true, Sir H. Davy's theory is false, which we will wager him a trifle is not the case.

In his next section he informs us that "no rule can be laid down for cleaning a ship's hold so good as that it must done as often as it becomes filthy," and remarks that "cleaning a ship's hold is a duty that is in general carelessly performed, because it is an unpleasant part of the service, and one that leaves no external mark for approbation like washing and scrubbing."—*Ergo*, washing and scrubbing are *not* unpleasant parts of the service; and it has not been proved that they are injurious to health.

We fancy the author is a little man, very careful of his person, liable to colds, &c. &c., for, in the next section, he tells us, that "the coiling down wet cables" is also a very injurious practice. Here we are favoured with a few more of his philosophical principles.

"Humidity," says he, "like caloric, has a tendency to equilibrium; hence the hammocks, men's clothes, and every article on the lower deck absorb moisture, until they reach an equal state in point of saturation with the mean of the surrounding objects."

Humidity, *unlike* caloric, has *not* a tendency to equilibrium, and this is another proof that the Doctor is too fond of generalizing his ideas; nor has caloric itself, strictly speaking, a tendency to equilibrium, for bodies of the same thermometric temperature contain various proportions. But with respect to humidity, the Doctor is sadly mistaken, for it *never* tends to an equilibrium unless, all the surrounding bodies being the same, it have no choice to exercise. In all ordinary degrees of humidity some salts for instance deliquesce, whilst others effloresce, although placed close together. Clothings, too, acknowledge the same law. Had the author consulted some papers on dew, published a few years since by Dr. Wells, or had he understood a little of chemistry, he would not have put forth so many absurdities.

The next section of his essay is devoted to the consideration of "impure air," and is altogether of a piece with the remainder of the work. The author sets out with a long quotation from Darwin, beginning with—

The vital air
Pervades the swarming *sea*;

the last word of which he has taken care to print in italics, to convince us that there is vital air at sea as well as on shore. He next informs us, that "the absolute necessity of animals breathing pure air, in order to enjoy good health, has been admitted even by those who entertain opposite opinions on almost every other subject." "Happily for man," he continues, "he has not to depend on his own industry, or the caprice of others, for his atmospherical supply, otherwise his preservation would have been in continual danger"!! He concludes the section by telling us, that "*moist air* is lighter than *dry air*," which has convinced us that he is utterly incorrigible.

His next expedition, Quixote-like, is directed against wind-mills—we beg pardon, wind-sails, he has it; after which there is a section on drunkenness, which he has prefaced out of the Proverbs of Solomon—"Who hath woe? who hath sorrow? who hath redness of the eyes?" saith the preacher.—But this is not all; the Doctor's ingenuity has been again at work, as we presume the following extract will evidence.—Speaking of the intoxicating qualities of spirit and water, he says—

"When spirits are diluted with water in any proportion, their mutual affinity for each other is so weak, that the heat of the stomach soon separates the former, which, from its volatility, attaches itself to the superior parts of the stomach, and its effects are thus indirectly communicated from the stomach to the brain, through the medium of the nervous system."

In a note to this section he says, that during his late "period of servitude in his Majesty's ship Phaeton, punishment for drunkenness had been *exceedingly rare*;" "*yet*," he continues, "I never served in a ship with so *few drunkards*," making it a wonder, that where there were so *few* drunkards so *few* should have been punished for being drunk!!!

He has another section "on the means of preventing drunkenness," in which, instead of sticking to his text, he has commenced by another long extract from Darwin, which is followed up by something equally foolish from the Medico-Chirurgical Journal, professing to be a description of an habitual drunkard. Although this section is avowedly devoted to "the means of preventing drunkenness," will our readers believe us, that the following is all that the Doctor has to offer upon that head?—

"Particular care ought to be taken, that every one drinks his own allowance, or that it be stopped; and thus the possibility of borrowing and lending, buying and selling, will be effectually checked. The bad effects arising from, and the great extent to which these practices were carried on in many ships, during the late war, were truly wonderful, and difficult to detect. If *espionnage* is to be tolerated on any occasion, this is where it would have the most salutary effect. In some ships, I have observed that the first lieutenant had a few sober and confidential men to help him to unriddle the drunken mysteries of the lower deck, by which means he was enabled to detect, regulate, or punish the offenders."

The remainder of the work is an essay on Dry Rot, which the author, ever having his eye to the shop, likens to "a rapid consumption." We have looked over a few pages of this also, and can promise our readers that it is just as foolish as the preceding. Without proceeding further, take, for instance, the following passage, p. 57—"Caloric has the power of expanding nearly all bodies with which it unites, by insinuating itself amongst its particles, clay, *water*, *cast iron*, and some saline substances excepted!" God help thee, Finlayson, thou art in a perilous state.

NOTICES OF WORKS RECENTLY PUBLISHED.

The *Pharmaceutical Guide*, in two parts. By Dr. R. Harrison Black. Small 8vo. pp. 184. Longman & Co.

It consists of two parts:

1. "A Latin grammar, in which the rules are illustrated by examples taken from the Pharmacopœia Londinensis."

2. "An interlineary translation of such formulæ in the London Pharmacopœia as have been found difficult to be comprehended by some young medical students." There is also a vocabulary of the words most frequently employed in prescriptions, with examples of their use. The work may be of service to druggists and to those students of the profession whose educations have been neglected.

***Useful hints to Travellers going to South America, and to Military Men or Merchants, bound to the West Indies, or any other tropical climate*, 1825. 12mo. pp. 120. Churchill, Leicester-square.**

In a medical point of view, this little work can possess no interest for professional readers, but it really contains many hints which may be turned to account by persons residing in, or proceeding to tropical climates.

***The new Medico-chirurgical Pharmacopœia, being a selection of modern formulæ from the private and hospital practice of the most eminent members of the profession, in Europe and America.* By a Graduate of a Scotch University. Small 8vo. pp. 180. 3rd edition. London, 1824. Simpkin and Marshall.**

An useful selection of formulæ for plasters, lotions, cataplasms, collyria, liniments, &c. &c.; which, though extensively employed in the practice of surgery, have not found a place in the Pharmacopœia, and which it would be tedious to describe by extemporaneous prescription.

***A Manual of Anatomy, arranged so as to form a concise and accurate description of the different parts of the human body.* From the French of A. L. J. Bayle. Revised *and improved* by Wm. Bennett, M.D. 12mo. pp. 376. Black, Edinburgh; Longman, and Underwoods, London.**

Most manuals of anatomy which have appeared in this country, have been encumbered with pathological and surgical disquisitions, which serve only to perplex the student and retard his progress. It is, therefore, with great pleasure that we observe M. Bayle's book on anatomy in an English dress, and as unity and comprehensiveness of design, and fidelity of execution are its principal characteristics, we conclude it will meet with a favourable reception. The various parts of the human body are concisely and clearly described in the following order:—1. The osseous system.—2. The muscular system.—3. The circulatory system.—4. The venous system.—5. The lymphatic system.—6. The nervous system.—7. The nervous system of ganglia.—8. The glandular system.—9. The organs of generation of the male and female.—10. The vocal apparatus.—11. The respiratory apparatus.—12. The digestive apparatus.—13. The sensitive apparatus. But since the work does not admit of analysis, we shall merely observe that it is the best epitome of anatomy that has yet appeared, and conclude by extracting the following table, which is prefixed to the article on the circulatory system:—

TABLE OF THE ARTERIES.

1.—*Pulmonary Artery.*

Origin.—From the supero-anterior part of the left side of the right ventricle; provided near its orifice with three sigmoid valves, of a crescent form, adhering to the artery by their convex border, free by their concave, and presenting in their middle the corpora aurantia. *Course.*—Passes obliquely upwards and to the left side, crossing the course of the aorta, beneath which it passes. *Divisions.*—After a course of about two inches, it divides, near the second dorsal vertebra, into two branches, between which we observe a rounded ligament, the remains of the ductus arteriosus of the fœtus, passing to the concave part of the arch of the aorta. 1. The right pulmonary branch, longer than the left, passes transversely behind the aorta and superior vena cava, forms an arch in front of the corresponding bronchus, and is directed towards the internal surface of the right lung, where it divides into three branches. 2. The left pulmonary branch passes obliquely in front of the aorta, and beneath its arch, embraces the bronchus of this side, gains the left lung, and divides into two branches. In the lungs, the branches of the pulmonary artery divide into innumerable ramifications, which accompany the pulmonary veins and bronchial tubes.

§ 2. *Aorta.*

Common trunk of all the arteries of the body; divided into five portions.

1. *Arteries furnished by the Aorta at its origin.*

Anterior and posterior cardiac.

2. *Arteries furnished by the Arch of the Aorta.*

A. Primitive carotid.—Divided into the external and internal carotids.

External carotid. Furnishes; 1st, *Superior thyroid*; 2d, *Lingual*, which gives the dorsal and sublingual; 3d, *Facial, or external maxillary*, furnishes the *inferior palatine, sub-mental, superior and inferior coronary*; 4th, *Occipital*, which gives, the *posterior mastoid*; 5th, *Posterior auricular*, which furnishes the *stylo-mastoidean*; 6th, *Inferior pharyngeal*. The external carotid terminates in dividing into the *Temporal* and *Internal Maxillary*.

1st, Temporal artery. Furnishes the *transverse artery of the face*, the *anterior auricular*, and *middle temporal*.

2d, Internal maxillary artery. Furnishes thirteen branches. *Middle meningeal, inferior dental, deep posterior temporal masseteric, pterygoidean, buccal, anterior deep temporal, alveolar, infra-orbital, vidian, superior pharyngeal, superior palatine, spheno-palatine.*

Internal carotid. It furnishes; 1st, *Ophthalmic*, which gives the *lacrymal, central artery of the retina, supra orbital, posterior ciliary, long ciliary, superior and inferior muscular, posterior and anterior ethmoidal, superior and inferior palpebral, nasal* and *frontal*; 2d, The communicating artery of Willis; 3d, *Choroidean artery*; 4th, *Anterior cerebral*; 5th, *Middle cerebral.*

B. Subclavian artery. Furnishes; 1st, The *vertebral*, which gives the *anterior* and *posterior spinal, inferior cerebellic*; and forms, in uniting with that of the opposite side, the *basilar* divided into the *superior cerebellic* and *posterior cerebral*; 2d, *Inferior thyroid*, which gives the *ascending cervical*; 3d, *Internal mammary*, which gives the *anterior mediastinal* and *superior diaphragmatic*; 4th, *Superior intercostal*; 5th, *Transverse cervical*; 6th, *Superior scapular*; 7th, *Deep cervical.* Continuing its course, the subclavian takes the name of *Axillary.*

Axillary artery. Furnishes; 1st, *Acromial*; 2d, *Superior thoracic*; 3d, *Inferior thoracic, or external mammary*; 4th, *Inferior scapular*; 5th, *Posterior circumflex*; 6th, *Anterior circumflex.* In continuing, it takes the name of *brachial.*

Brachial artery. Furnishes; 1st, *Deep humeral or external collateral;* 2d, *Internal collateral.* It divides afterwards into the *radial* and *ulnar.*

1st, Radial artery. It furnishes the *Radial recurrent, dorsal artery of the carpus, dorsal of the metacarpus*, and *dorsal of the thumb;* and terminates in forming the deep palmar arch.

2d, Ulnar artery. Furnishes, the *anterior* and *posterior ulnar recurrent, anterior* and *posterior interosseous*, which furnishes the *posterior radial recurrent.* It terminates in forming the superficial palmar arch, which gives the collateral arteries of the fingers.

3. *Arteries furnished by the Aorta in the Thorax.*

1st, The right and left *bronchic*; 2d, *œsophagean* (4, 5 or 6 in number;) 3d, *posterior mediastinal*; 4th, *inferior intercostals* (8,9 or 10 in number.)

4. *Arteries furnished by the Aorta in the Abdomen.*

1st, Inferior right and left diaphragmatic arteries.

2d, Cœliac artery. Divided into three branches; 1st, *coronary of the stomach*; 2d, *hepatic*, which gives the *pyloric, the gastro-epiploica dextra* and the *cystic*; 3d, *splenic*, which gives the *gastro-epiploica sinistra* and the *vasa brevia.*

3d, Superior mesenteric artery. { Furnishes from its concavity the *superior*, *middle* and *inferior right colic*; and from the convexity, 15 to 20 intestinal branches.

4th, Inferior mesenteric artery. { Gives off the *superior*, *middle* and *inferior left colic*; and divides into the *superior hæmorrhoidal*.

5th, The middle *capsular* arteries (2 on either side); 6th, *renal or emulgent*; 7th, *spermatic*; 8th, *lumbar*, (4 or 5 on either side.)

5. Arteries resulting from the bifurcation of the Aorta.

The aorta furnishes, a little before its bifurcation, the *Middle Sacral*, and divides into the *Primitive Iliacs*, which are divided into the *internal* and external.

A. Internal iliac artery. { Furnishes, 1st, the *ilio-lumbar*; 2d, *lateral sacral*; 3d, *gluteal*; 4th, *umbilical*; 5th, *vesical*; 6th, *obturator*; 7th, *middle hæmorrhoidal*; 8th, *uterine*; 9th, *vaginal*; 10th, *ischiatic*; 11th, *internal pudic*, which gives the *inferior hæmorrhoidal*, *artery of the septum scroti*, *transversus perinæi*, *artery of the corpus cavernosum* and *dorsalis penis*.

B. External iliac artery. { Furnishes the *epigastric*; *circumflex ilii*; and continues afterwards under the name of the *crural*.

Crural artery. { Furnishes, 1st, *external epigastric*; 2d, *external superficial and deep seated pudics*; 3d, *profunda*, which gives the *external* and *internal circumflex*, and the *superior*, *middle*, and *inferior perforating arteries*. In continuing its course it takes the name of *popliteal*.

Popliteal artery. { Furnishes the *superior*, *middle*, *external*, and *internal articular arteries*; and the *inferior internal* and *external ones*; the *anterior tibial*, which furnishes the *tarsal* and *metatarsal*. The popliteal is divided into the *posterior peroneal* and tibial.

1st, Peroneal artery. } Divided into the anterior and posterior peroneal.

2d, Posterior tibial artery. { Divided into the *internal* and *external plantar*. It forms, in anastomosing with the continuation of the anterior tibial, the plantar arch, from which superior, posterior, inferior, and anterior branches are given off.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

The last number of the *Revue Medicale* contains the report of the discussions of the Royal Academy of Medicine, on the Report of the Commission on Vaccination, which we published three weeks ago in THE LANCET, from the *Gazette de Santé*.* It appears from the quarterly report of cases at the Hotel Dieu, that in the months of July and August, seven patients were admitted for variola; four of these cases terminated fatally.

* The *Gazette de Santé*, a journal conducted with very considerable ability, is published regularly once in 10 days. The monthly medical journals are published on the *last* day of the current month.

Method of employing Galvanism combined with Acupuncturation.

We gave in a former number some cases from the *Archives Generales* in which this remedy had been successfully employed by Messrs. Bally and Meyranx.

In the *Revue Medicale* there is a detailed account of the mode in which the galvanic fluid is introduced by means of needles.

The piles employed by Messrs. Bally and Meyranx are all placed horizontally, and the pairs of which they are composed separated by wooden partitions; if the piles were kept in the original vertical position, the moist conductors would be dried by the pressure of the elements upon them. To establish the communication, and increase the tension of the pairs, the intermediate spaces are filled with water, slightly acidulated with nitric, or nitro-sulphuric acid. They at first calculated that the water should be mixed with a twentieth part of acid; but

this calculation, though it may be correct when the galvanic fluid was only directed on the surface of the skin, ceases to be so when the fluid penetrates the tissues of organs. In this case the proportion of one-sixtieth part of acid to water appeared to be sufficient. They often produced marked effects by using only pure water. The new method has the advantage of regulating the effects on the galvanic apparatus, which is very quickly oxidated by acids, if they are too strong.

The moveable rectangles, soldered to pairs of copper at their upper parts, serve to increase or diminish the intensity or accumulation of the fluid.

The common conducting wires were found to be too heavy, and to act inconveniently on the needles placed in very sensible tissues, to which it was necessary to fix them. To remedy this inconvenience silver wire, or very fine brass wire, was substituted. This modification, which is indispensable in this operation, does not stop the progress of the fluid, which circulates with as much facility as in the common apparatus. As much effect was found to be produced by the introduction of needles as by the pile of Zamboni. A pile completely dry, composed of copper, a layer of zinc and paper, developes sufficient fluid to influence the part which serves for an intermediate conductor. In a pile, of which, like that of Messrs. Bally and Meyranx, the elements are two inches and a half, four combined pairs are sufficient, in the greater number of cases, to produce powerful effects. There are some individuals whose sensibility is so great, that they cannot bear this number of plates. The action of these pairs produced syncope in an individual, aged 34, the subject of amaurosis. The same effect was produced on a paralytic individual, who was subsequently cured.

Different liquids, employed as the medium of communication between the elements of a pile, have given occasion to the following observations:—With spring water, the action was sufficiently powerful with eight pairs; it was less considerable with distilled water. Decoctions of sarsaparilla, chamomile, &c. conduct less fluid than pure water; they require at least from 12 to 15 pairs to produce the same effects.

It is necessary to place the part affected in the galvanic arch, introducing one of the needles at one extremity of the tissue, and the second at the other extremity. Thus the two fluids, which must meet to complete the circuit, traverse all the space between the two needles.

At our first attempts, say Messrs. Bally and Meyranx, we perceived that the action upon the sensibility of the patient differed according as the conducting wire was positive or negative; and what surprised us was that the positive conducting wire, that by which it is admitted that the current is directed to meet the negative conducting wire, generally produced a less sensible effect than the other. Some distinguished professors of natural philosophy to whom we applied for an explanation of so singular a phenomenon, apparently contrary to the laws which have been supposed to be established, have differed in their mode of accounting for it. It has been supposed that the current acted more powerfully at its exit than at its entrance. To us it seemed probable that the living parts, not being such good conductors as the metallic, two opposite directions were established between the latter, which, on meeting, produced a considerable shock. From this circumstance we have been led to change, from time to time, the direction of the currents; all that was necessary for this purpose was to reverse the piles, by carrying over the moveable rectangles. To produce the most certain effects, the currents must be made sometimes intermittent and sometimes continued. In the first case the parts contract, and there is, at the same time, a feeling of pain and commotion. In the second case the movements are imperceptible, or do not exist, while the uninterrupted passage of the fluid produces a pain which the patient compares to burning. It may be observed, that the red areola which surrounds the needles is then more extended.

This feeling of burning, or heat, which is at first considerable, soon diminishes. It seems that the action of the current lessens sensibility; and we have met with persons to whom this mode of galvanizing seemed at first intolerable, and who, after a few minutes, have felt only a very slight sensation, so that it became necessary to increase the intensity of the current.

As the metals are better conductors than the living parts, care must be taken not to let the conducting wires touch each other. All effect is instantly suspended by their contact. This furnishes a mode of stopping the current at pleasure.—Even if one of the conductors come in contact with any wet part of the apparatus, a considerable diminution takes place in the effect of the phenomena.

Messrs. Bally and Meyranx conclude with six new cases, in which this method of galvanising has proved successful; two of femoral neuralgia; one of sciatic

neuralgia, accompanied with symptoms of paralysis; a case of neuralgia in the foot; and two rheumatic affections.

Cæsarean Section successfully performed, both the Mother and Child having been saved, by Dr. F. VANDERFUHR.

On the 28th of April I was called to assist a woman in her first labour, who had been suffering for three days. On my arrival I saw a thin, feeble, young woman, whom I judged to be about 40 years of age, and who had all the appearance of having been the subject of rachitis; she was not above three feet eight inches high; she was standing up, supported by her father. Her nurse informed me, that her pains had lasted three days, and that the waters had escaped on the preceding evening; and I also learned that, during the nine months of her pregnancy, she had had no other complaint except a continued leucorrhœa. I observed a striking deformity in the bones of her hips, the right being turned outwards and the left in the contrary direction. My first object was to ascertain the state of the passages and the position of the fœtus. I found the branches of the pubis much depressed in the direction of the sacrum, the narrow diameter of the pelvis not amounting to two inches; the orifice of the neck of the uterus, completely dilated, was filled by a sort of tumour formed by the integuments of the cranium of the fœtus, and which prevented me from feeling the fontanelles. Severe pains succeeded each other in rapid succession, and left no repose to the patient. There could be no doubt that the fœtus was alive, for I could feel its motions, and the patient was also sensible of them. It was evident that the head could not pass into the pelvis, and cutting the fœtus out piecemeal was, under the circumstances, a shocking resource. Nothing remained but the Cæsarean section. I suggested this operation to the father of the patient, and to the patient herself, not concealing from her the desperate nature of the resource. She, however, consented without hesitation, and I immediately sent for two of my colleagues.

After having evacuated the urine and the fæcal matter, I proceeded to the operation in the following manner:—

The patient was laid, nearly horizontally, upon a mattress placed upon a table, and I commenced at a quarter of an inch from the umbilicus, on the linea alba, an incision, taking the whole thickness of the abdominal paries, with the exception of the peritoneum; then, coming back to the point at which I commenced, I exposed the serous membrane, and made a little cut, across which I carried the index of my left hand, which served to introduce a guarded bistoury, with which I made an incision into the peritoneum. The length of the wound was about six inches; the exposed uterus was of a bluish colour. I cut its parietes to the extent of five inches, and the fœtus immediately presented by the buttocks. The placenta not having been touched by the instrument, there was no hæmorrhage. I then seized the child by the haunches, and having brought it out carefully from the matrix, I detached the after-birth. Immediately afterwards the uterus contracted, and it was only necessary to make some pressure on the sides to expel, through the wound, the little fluid which was found in the peritoneum.—Every precaution was taken to prevent the escape of the intestines. The child was a male, well formed, of moderate size and strength.

During the whole operation the patient was perfectly tranquil; she did not utter a single cry. We hastened to unite the wound by sutures; strips of adhesive plaster, dry lint, compresses, and a bandage were placed over it. I did not see the patient again until five days after the operation, when I found her doing well; she had had no fever; the lochia were flowing from the vagina, and her breasts began to furnish milk. On the eighth day the wound had nearly united; the sutures were taken away, and the cicatrization was left to nature. I visited the patient once a week, directing a mild regimen, but prescribing no medicine. On the 8th of June (two months after the operation) I found her occupied in her domestic business, and perfectly recovered. She suckled her infant, which was perfectly healthy.—*Revue Medicale, Oct. From the Medicinischen Annalen von Hecker.*

On the nature and medical use of Thridace.

M. Francois has just favoured the public with the results of his inquiries and experiments as to the nature and medical use of thridace, or the juice of the garden lettuce (*lactuca hortensis*).

It seems to be ascertained that thridace contains no narcotic or intoxicating principle; but that, by soothing pain and diminishing the rapidity of the circulation by its natural warmth, it disposes the patient to sleep. Its mode of acting on the system is different from that of opium, for opium stimulates, increases the circulation, excites, intoxicates, and, in certain doses, poisons. Those who use

thridace for the first time, or after a considerable interval, experience in the stomach, as soon as they take it, an unusual sensation, somewhat analogous to cold, but not unpleasant. The stomach very soon accustoms itself to its action, so that, in order to obtain a sensible effect from it for several successive days, it is necessary to double the dose quickly, intermitting its use for a day or two, and then returning to the first dose, which is generally two grains for an adult.

This substance possesses, to a marked degree, a property absolutely opposite to that of opium, that of moderating the excessive activity of the circulation. This property renders it an extremely useful substitute, in many cases, for the digitalis purpurata, the action of which on the stomach is never without its inconveniences, and cannot be supported long, a circumstance which never need be apprehended in the exhibition of thridace.

M. Francois has given thridace in acute and chronic rheumatism, in quotidian ague, gastro-entiritis, chronic inflammation of the peritoneum and of the bladder, phthisis pulmonalis, hypertrophy of the heart, and in a great number of cases in which the patients were troubled with insomlonence and pains in the limbs. He has given many cases of its successful employment in debility occasioned by nocturnal emissions, which have been cured by the use of thridace, continued from six weeks to two months; the quantity given was two, four, to six grains in the twenty hours, in two, three, or four doses. This explains the reason why the Greeks gave the name of *eunucheion* to the lettuce, in consequence of its efficacy in tranquillizing the excitement of the senses. It is also extremely useful in calming the irritation of the urinary canal, occasioned by the action of cantharides. It acts rapidly after it is taken; its action is directed almost exclusively to the nervous system, and under its influence no irregularity or hardness is observed in the pulse.

M. Vaudry has given some cases in which it has been employed externally:—A patient, who was suffering under acute inflammation of the elbow-joint, attended with severe swelling of the whole of the fore-arm, had not slept for several nights. Fomentations, composed of a drachm of thridace and twelve ounces of elder water, gave no relief, but by rubbing the part with four grains of thridace, dissolved in a little saliva, three times a day, the pain was entirely removed in five days, and the patient slept well.

In another case of acute inflammation of the conjunctiva, a collyrium was prescribed, composed of six grains of thridace in four ounces of rose-water. The next day the pain was diminished, but the red vessels still continued in the conjunctiva. The thridace was increased to eight grains, and continued for four days; under this treatment the inflammation was removed.

M. Francois is entitled to much praise for having directed the attention of physicians to an indigenous remedy, of which the preparation is extremely simple and the efficacy indubitable.—*Gazette de Santé, November* 5.

WESTMINSTER MEDICAL SOCIETY.

DR. BURDER, *President.*

[FROM A CORRESPONDENT.]

On Saturday last Dr. Granville brought forward his promised subject "On the necessity of some legislative enactment to restrict the practice of midwifery to competent persons." As might have been anticipated from the importance of the subject, there was a very numerous meeting of members and visitors. A brief sketch of the evening's discussion will probably not be uninteresting.

Dr. Granville had been given to understand that some members of the Society doubted the propriety of introducing such a subject. He regretted that, such were the general feeling, he had no been officially informed of it by the Committee, as nothing could be further from his wish than to interfere with the regulations which were prescribed by the laws of the Society. He could not, for his own part, conceive that the time of the Society would be either lost or misapplied by the consideration of a subject which involved not only the claims of humanity, but the respectability of an extensive class of practitioners. He enumerated many cases in which the grossest ignorance had been betrayed; in which females had been not only treated injudiciously, but in which they had been positively murdered. In one instance, which was in the memory of many persons present, the womb was cut away, and a large portion of the intestines. Could stronger reasons, said Dr. G., be given to establish the necessity of curbing the destructive career of hardy ignorance? Could it be doubted that the leading members of the profession would step forward to support any fair and honourable means to rescue the well-in-

formed practitioner from the degradation of being undistinguished from those whose want of common information deprived them of any claim to public support or professional reputation. It could not be doubted, and as a proof that neither zeal, talent, nor high character, are wanting to countenance the project of endeavouring to establish a Society for the diffusion of obstetrical knowledge, an extract of a letter, received by Dr. G. from Mr. Charles Clarke, was read, in which, with his usual point and pith, he exclaims, "against the unfortunate omission of the Government, by which any person may take upon himself the charge of two lives who would be prohibited from inflicting his attendance upon one," and offers his earnest wish and support for the success of any liberal plan that may be conducive to the establishment of the laudable object in view. Dr. G. proceeded, with his usual happy facility of expression, to add many other reasons, to prove the imperative necessity of endeavouring at least to protect the public, and raise the respectability of the profession by obliging practitioners of midwifery, whether male or female, to undergo suitable examinations, by which their ability to perform the important duties they assume might no longer be a matter of chance. In conclusion, he trusted that his proposition would be met at least with the same feelings of amity which he himself felt, and that no individual caprice would throw obstructions in the way of his efforts which were excited in the cause of suffering humanity.

Dr. Granville having finished his address, so long a silence succeeded, that we really began to tremble for the character of the Society. We were apprehensive that no seconding voice would be found to assist the philanthropic views he had so clearly explained, and we had really almost screwed our own courage to the speaking point, although, like our friend Liston, "public talking" is not our hobby, when we were at once relieved from our fears for the Society, and the Society was rescued from the oration to which we were just on the point of giving birth, by a

Mr. Thompson, who, having fairly adjusted his superior extremities in the capacious bags or pockets of his brown Benjamin, proceeded to address the Chair, with "face of mighty import and voice of good round tone." He assured the Society that he should no more have thought of applying to Parliament for regulating the practice of midwifery than for Macadamising the street, the stones of which at that moment vibrated with his voice. He considered the Society to be for other purposes, and expressed himself to have no strong appetite for medical discussion, (in which, by-the-bye, he never takes a part,) that he could not permit in silence the time of the Society to be thus thrown away.

But a few moments elapsed after the above harangue, when

Dr. Ley, with the assumed diffidence of conscious ability, which tells very well, claimed the attention of the President. He went upon the broad principle of the expediency of the proposed measure, and he denied it. The practitioners of midwifery had no right to seek for more protection than other branches of the profession enjoyed. No restriction was laid upon the cure of syphilis, upon the operations of the eye, upon the extraction of a tooth, and why should midwifery be protected. He deprecated the endeavour to erect particular departments of the profession into separate bodies, and did not believe that any legal enactment could prevent those blunders which occasionally disgraced every other branch of the art as well as midwifery. Although, therefore, he did not offer decided opposition to the measure, it did not meet with his cordial support, as he feared that many might imagine he was influenced by pecuniary motives; that he wished, as a teacher of midwifery, to increase his class of pupils, rather than to benefit the public.

We have, in a very early number of our journal, paid our tribute of applause, to the ability of Dr. Ley as a public speaker. His diction is choice, his manner happy, and when he is most severe, he attacks with "honied voice and tender tone," and asking gentleness. On this evening the power which is natural to him did not forsake him. His speech was in "numbers fair," but it was destitute of any grain of argument. He is entitled to our admiration, in the perfect good temper and urbanity which he manifested, which, for certain weighty reasons, we feared he would not evince.

Mr. Babington, who at at all times speaks with much gentlemanlike ability, followed the track of Dr. Ley. He contended that the surgeons had no power, and that therefore the accoucheurs ought not to require it.

It could not be expected that these arguments would remain unanswered, although they proceeded from such formidable opponents as Dr. Ley and Mr. Babington; and Mr. North was soon

upon his legs to insist upon the importance of the subject, and to deny the accuracy of the facts stated by the two last gentlemen. He was sure that but one spirit actuated them all—a wish to advance the interests of humanity, and to increase the reputation of the Society. He paid a fair compliment to the good sense of Dr. Ley, but contented that, on the present occasion, his arguments were pointless. That every student who approached the College of Surgeons for examination might, if it so pleased his examiner, be examined wholly and solely upon syphilis, or upon diseases and operations of the eye, and that it was therefore not true that the practitioners of midwifery required what others did not possess—legal restriction. He did not consider it necessary to heap example upon example of the miserable ignorance of many *soi disant* accoucheurs, contended that if any circumstance rendered it imperatively necessary that obstetrical practitioners should be submitted to examination, it was the immediate exertion of their talent, upon which the lives of their patients so frequently depended. If a man broke his leg or arm, the surgeon might with no injury to his patient go home, and consult his "Cooper's Dictionary," or some more skilful friend, and return to his duty with a chance of performing it with sufficient adroitness. In the practice of midwifery, loss of time was loss of life. Action, coolness, and judgment, must be furnished at the moment, or it would not avail. In answer to the objection of Mr. Babington, Mr. North remarked that, although a man might, perhaps, if he chose it, defy the power of the College of Surgeons, and they had not the power to inflict a positive punishment, yet he would incur the negative, but effectual disgrace in the eye of the public and the profession of not being prepared for examination. In conclusion he observed, that whether the laudable wishes of Dr. Granville were realized or not, he was quite sure that the Society would not only derive a character and importance in the opinion of the public, from having entered into the subject, but that they would deserve it.

The observations of Mr. North were delivered with his usual eloquence and warmth. If the elocution of this gentleman were a little less rapid, and his tone somewhat subdued, he would be inferior to none as a good speaker, with the exception of Dr. Ley.

Scarcely had the Society paused for a moment, when "said Thompson" rose again, spoke about the lustre of the British fair, and "all that," and expressed his disapprobation of a measure which "went to oblige a woman to admit a man into her bed-room," when

Mr. North cut the thread of *the thing*, by putting James in mind that one principal object of Dr. Granville was to instruct female practitioners, and that therefore any alarm for the purity, and so on, of the British fair, was premature.

Mr. Thompson laughed, and was laughed at, and so he tranquilly sat down.

Mr. Hunt threw in his quantity of words, but having nothing to say, he spoke, and did say nothing. This gentleman possesses a good deal of observation, and it is really to be lamented that he has not the good sense to remain silent when he has nothing to offer to the purpose.

Dr. Granville replied, and enforced his previous arguments, and answered the observations that had been made by the Members who differed from him in the views he entertained.

The feeling of the Society was decidedly in favour of the opinion that some plan should be acted upon by the profession, to insure the adequate instruction of both male and female practitioners of midwifery.

At the conclusion of the evening, it was announced from the Chair, that Dr. Webster would offer some observations upon "*chorea*" at the ensuing meeting.

We have reason to know that fears have been expressed by some members that we should publish their proceedings, and occasionally apply the lash with undue severity. When folly and ignorance obtrude their heads, we may offer a passing remark, but we shall always feel pleasure in doing strict justice, and in yielding our mite of approbation where it is due. This Society is at this moment the most flourishing in town.

On Saturday evening, Dec. 3d, Dr. G. Gregory was in the chair. An essay was read by Dr. Webster on the subject of "Chorea," upon which an interesting discussion took place. The essay itself consisted merely of a common-place detail of the symptoms of chorea; nothing novel was advanced as regards the treatment, and the pathological conditions upon which this disease depends, or may be supposed to depend, were not alluded to. Dr. Webster remarked, that chorea was not of such frequent occurrence as it is generally imagined to be, for amongst

eight thousand patients treated at an Infirmary for diseases of children, (to which he is physician,) only fourteen cases of chorea presented themselves.

Dr. Granville regretted that the author of the paper before the society should have passed over that which was of most importance, namely, the pathology of chorea. He (Dr. Granville) considered that the true cause of this disease was irritation of the sentient extremities of the ganglionic system of nerves, which irritation was produced by offending matter in the primæ viæ, and hence that purgatives were the only proper remedies. He had seen thirty cases of chorea, all of which were cured by the purgative plan of treatment, as recommended by Dr. Hamilton. Dr. Granville ridiculed the idea of chorea being cured by anti-spasmodics or specifics, and contended that, as in all the cases thus treated, purgative medicines were employed in conjunction with other remedies, the cure was to be ascribed to the aperients. "In proof of this (said the Doctor,) whether we look to the relation of cases in the *Yellow* or in the *Blue* Journal, in that sharp instrumental Journal THE LANCET, or in *that Journal which has nothing sharp about it*, we find that purging was a part of the treatment employed.

Dr. James Johnson said that although he approved of "smart purgation" in this complaint, yet he thought the disease might be more readily cured by combining the tonic and purgative plans of treatment. He admitted the correctness of Dr. Granville's opinion as regarded the pathology of chorea. The manner in which purgatives effect a cure in this complaint, according to the "learned Doctor," is "*by obtunding or blunting the sensibility of the nerves distributed to the abdominal viscera*" !!

A Member referred to the experiments of Mr. Swan (of Lincoln) in confirmation of his opinion, that purgatives have a tendency to increase irritation in the abdominal viscera. On the dissection of animals to which acrid purgatives had been administered, Mr. Swan found the abdominal ganglia of the sympathetic nerve in a state of greatly increased vascularity.

Mr. North thought that the gentlemen who had preceded him in the debate had been "pursuing a shadow." He regarded chorea as a mere symptom dependent upon various conditions of the system, and that it could not possibly be referred to any one particular cause. Such diversity of opinion prevailed on the treatment of chorea, that he believed if each member of the society were separately questioned on the plan of treatment proper to be pursued, a different answer would be given by each person. Mr. North hoped they were debating with closed doors, or rather that the question he was about to put to the Society would only go forth to the medical world, it was—Whether a patient would not recover from chorea equally well *without* as *with* the exhibition of medicine?

TOBACCO SMOKING.

Editor of THE LANCET.

SIR,—If some of your friends will answer this note, the answer will be read with interest by many individuals.

In Turkey, Spain, and Portugal, a peculiar mode of smoking prevails; the smoke of the pipe, or segar, is quietly inhaled with the breath, and allowed to pass through the nostrils, without any effort, by the mere expiration of the breath.

Medical men in England refuse to allow that the smoke passes into the lungs, but if they were to see the method of smoking practised by Turks, &c., they would probably allow that it is actually inhaled into the lungs.

In Spain and Portugal, a thin paper, manufactured from straw, and without size, is used for making segars, by rolling up some tobacco in the paper, until the whole is about the size of a common pencil and the length of a finger.

The tobacco itself cannot get into the stomach or lungs, as in the case of snuff-taking, nor can the raw juice of the tobacco do it, as in the case of quid-chewing; but the mouth, nasal passage, and (I think) the lungs, gullet, and stomach, must be powerfully coated with smoke, and whatever that smoke contains.

Turks are perpetually smoking; Spaniards and Portuguese use tobacco profusely; and since the army returned from the Peninsula, the habit has become fashionable; the increased number of tobacco shops must be evident to every observer.

Now, Sir, I should be glad to know, and I believe a great number of persons besides myself would be glad to know, what effect must be produced upon the structural and functional condition of the stomach and lungs by this habit.

I am, respectfully, Sir,
Your very obedient servant,

CIGARRO.

EFFICACY OF CHARCOAL IN SLOUGHING PHAGEDENA.

To the Editor of THE LANCET.

SIR,—I have read with great regret, among your Hospital Reports, cases of fatal sloughing phagedena, and in no one instance, to my recollection, was the *charcoal poultice* applied to the part affected! Having often witnessed the decided effect of that application in arresting the progress of the sloughing process among the patients in the Hospital at Kingston, Jamaica, I hope I may not be considered presumptive in humbly suggesting a trial of it in such cases. The rapid decomposition of parts in a state of gangrene, in that climate, allows but little opportunity of a change of remedies. The usual applications of carrot poultice and nitric acid having frequently failed in severe cases, I was led to the adoption of *charcoal*, judging, from the antiputrescent character of the carbonic acid which it contains, that its action would be chemical, in destroying the sulphureted hydrogen of the sphacelus by decomposition, I had the happiness to experience *complete success in twelve hours* after the *first* application to a desperate case, and it became a standing remedy in the Hospital afterwards. The charcoal was never reduced to powder *until required for use*, (lest it might part with its essential property, in which I presumed its efficacy resided,) and simply mixed with water, to the consistence required, then laid on the parts *an inch thick*. Should you deem this communication worthy of a place in your scientific journal, it is at your service, and I shall feel most happy should the intention answer the end desired by

Your most obedient Servant,

T. W. WANSBROUGH.

Fulham, Nov. 16th, 1825.

N.B. The case alluded to was a sloughing penis, threatening the whole scrotum, a portion of which was already involved in the ruin, separation followed and the patient recovered.

Museum at St. Bartholomew's Hospital.

Mr. Stanley, after lecture on Tuesday, said he came forward to redeem the pledge given to the pupils in the early part of the session, namely, that of their having access to the Museum. Arrangements had now been made by which it would be open to them one hour each day; a catalogue had been formed, and a curator appointed, who will attend for the purpose of explaining to the pupils any specimens which they may wish to obtain further information upon.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Traumatic Tetanus.

R. B., a fine muscular man, and apparently about thirty years of age, was admitted into the Hospital on Thursday evening, under the care of Mr. B. Cooper. He applied at the surgery in the evening, in order to have the little finger dressed, which had been crushed between two barrels about eight days previously. There was a suppurating wound, which, according to the dresser's account, had a healthy appearance; but perceiving that the man was very unwell, inasmuch as he looked dejected, and complained of stiffness at the back of the neck, with inability to move the lower jaw, the dresser very properly admitted him into the Hospital.

On Thursday evening, when admitted, the pulse was 90; the face pallid and countenance anxious, and he could not protrude his tongue. Two grains of calomel with the same quantity of opium, and an enema composed of laudanum and gruel, were alternately exhibited every three hours. This plan was pursued throughout the night, and the patient obtained some sleep.

Nov. 25th, afternoon. The pulse not more than 96, and the skin is moist. The abdominal muscles feel exceedingly rigid, but there is no perceptible rigidity about the neck; there is slight curvature of the back and frequent spasms, which are readily excited, during which there is opisthotonos. Five of the opiate injections have been exhibited, and the pills taken with tolerable regularity. The attempt at deglutition is exceedingly painful and distressing. The bowels have been well acted upon by injections of colocynth, and by the exhibition of calomel and colocynthian pills.

26th. The patient is evidently under the influence of opium; he lays constantly dosing, from which state he is roused by the slightest noise; walking across the ward or speaking startles him, and then all the muscles of the body are thrown into violent spasmodic contraction. During the time in which he is sleeping the jaws are relaxed to the extent of half an inch; but the occurrence of spasm, which is exceedingly frequent, firmly closes the jaws. The abdominal muscles have not so much rigidity as yesterday; the state of the pulse is, however, exceedingly un-

favourable, being upwards of 130; the countenance has a livid hue, and that to a remarkable degree, and the pupils are much contracted. There is a fœtor of the breath, and a sponginess of the gums, indicative of mercurial action on the system. The pills of calomel and opium have been continued, alternately with the opiate injections, every six hours, and at one period (early this morning) an ounce of laudanum was exhibited, which did not produce much apparent ease. It is almost superfluous to add, so universal is the fatal termination of cases of tetanus, that this poor man died on the evening of Saturday. No examination of the body was made, in consequence of the objections of the patient's friends.

Singular case of Disease of the Arm.

T. R. aged 63, of florid complexion and healthy appearance, was admitted into the Hospital on November 23, under the care of Mr. B. Cooper, with disease of the right upper arm. About four months since this poor man was a patient in this Hospital, and underwent the operation of amputation of the right arm above the elbow joint, in consequence of disease at the wrist of a similar nature to that which is now affecting the upper arm. At the period when the operation was performed, there were two tumours of a spherical figure, and each of about the size of a small hen's egg; one of these tumours was situated on the back part of the wrist, and the other upon the back of the hand. The tumour at the wrist was in a state of ulceration, it had a fungoid surface and discharged a considerable quantity of sanious fluid; the tumour on the back of the hand was very firm to the touch. The disease had existed upwards of four years, and it was considered by Sir A. Cooper to be of a malignant nature, he therefore recommended amputation of the arm. The stump healed kindly, and in the space of a few weeks the patient was dismissed from the Hospital cured.

The patient states that about three weeks after his return home, he perceived a small excrescence or wart-like tumour on the inner side of the right upper arm, just above the end of the stump, and this continuing gradually to enlarge, he consulted a surgeon, who applied caustic. The tumour is now of the size of the palm of the hand, of a circular form and flattened; it is of a dark red colour, and has somewhat a similar appearance to the interior of the spleen or placenta. There is a constant and profuse thin bloody discharge from the surface of the tumour, and the integuments immediately surrounding it are inflamed and tense. The glands in the axilla are much enlarged and painful.

Sir A. Cooper saw the patient on the day after his admission into the Hospital, and he remarked that in the present advanced stage of the disease, no surgical means could benefit the patient. Sir Astley recommended the exhibition of *carbonate of iron* in doses of *two drachms three times a day*, which medicine the patient has taken; it has not yet, however, been productive of any beneficial effect.

Operation for Hare-lip.

On Tuesday November 29, Mr. Morgan performed the operation for hare-lip on a child about five years of age, the edges of the fissure were cut off by means of a bistoury, and brought together by the common interrupted suture.

Operation for a New Lip.

A few days since, Mr. Morgan performed an operation for a new lip upon the principle of the famed Taliacotian operation for forming a new nose. The patient had cancer in the under lip, and the tumour was of the size of a large hazel nut; the glands under the chin had not become affected by the disease. About two years since a tumour was removed from the lip, and the edges of the wound were brought together, and this consequently had produced such a narrowing of the mouth, that it was impracticable to adopt a similar plan, after the removal of the present tumour. Sir A. Cooper, therefore, suggested the possibility of forming a lip from the integuments under the chin. After removing the diseased part from the lip, a portion of integument was carefully dissected from under the chin, and carried up to the opening in the lip, with which it exactly corresponded in size. The piece of integument was left adherent to the neck, and it was twisted in order that the part which was internal before its detachment might also be internal in its new situation. It was confined by means of sutures and strips of adhesive plaster, and the wound in the neck was dressed simply.

There is great probability, from the present appearance of the parts, that the operation will be successful.

ST. THOMAS'S HOSPITAL.

Case of Rheumatic Palpitation of the Heart, cured by the exhibition of Colchicum.

J. Collins, a sailor, aged 21, was admitted into Abraham's Ward on October 8, under the care of Dr. Elliotson. He gave the following account of the disease under which he laboured:—In consequence of imprudent exposure to the combined influence of wet and cold when in a state of intoxication, an attack of rheumatic fever ensued, and this occurred in the month of July. On the fifth day of his indisposition, whilst confined to his bed, he drank freely of wine, and palpitation of the heart almost immediately supervened to such a violent degree as to excite great apprehension. It was for this affection of the heart, which had continued from the first attack to the present time, that he sought for admission into the Hospital. The patient said that he had been bled eleven times from the arm, and twice cupped, but had not found relief from either.

In addition to the violent palpitation of the heart, he complained of a sense of oppression, or a feeling of a weight about the præcordia, the respiration was anxious and difficult, and this was much increased by any muscular exertion. The pulse was exceedingly quick (130) and jerking; there was great pallidity of the whole countenance; the lips were exsanguineous, and there was a strong expression of anxiety. Dr. Elliotson directed the patient to keep his bed, to observe great quietude, and to take the following:

Wine of colchicum seeds, half a drachm every eighth hour.

Oct. 8th. There is certainly less violence in the heart's action; the pulse continues quick, and the patient complains of pain in the shoulders; the bowels have been much disturbed, and the urine is turbid. The dose of colchicum wine to be reduced to 15 minims.

15th. There has been a progressive improvement in the state of the patient since the last report. The heart's action is greatly moderated; it is, however, readily excited by any mental or bodily emotions. The dyspnœa is only felt when the patient makes any exertion.

It will be sufficient to say that the patient shortly recovered his healthy appearance, and that the palpitation of the heart did not return. This case certainly illustrates the beneficial effects of colchicum in this particular affection of the heart, which often continues for months, resisting every medical plan of treatment.

Impropriety of immediate Venesection in cases of Concussion of the Brain.

The following case may serve to illustrate the impropriety of abstracting blood immediately after the receipt of an injury, before reaction has taken place.

A boy, about 15 years of age, was brought to the Hospital at noon. He had fallen from a window, about half an hour previously, and was picked up in an insensible state. A surgeon was sent for, and he immediately upon his arrival (which was in a few minutes after the occurrence of the accident) opened a vein in the arm; fortunately, however, only five or six ounces of blood could be obtained. When admitted, the surface of the body was cold, and pulse scarcely to be felt. The boy was immediately put to bed, and means taken to restore the warmth of the body. He became very sick, and this vomiting was succeeded by a violent convulsive fit, which lasted for some time. The powers of life eventually rallied, and towards the evening the pulse had increased so much in force, that it was necessary to abstract blood from the arm. There was no serious injury done to the head, and the patient did well.

Case of Strangulated Hernia occurring in an Infant eleven months of age.

A case of this nature was admitted into the Hospital a few days since about noon. The child had had rupture from its birth, and had worn a truss. The hernia descended on the evening previous to the day in which the child was brought to the Hospital. The dresser attempted the taxis for some time, and put the patient in a warm bath; but after a lapse of several hours, finding that the symptoms were becoming urgent, Mr. Travers was sent for. At this time there was tenderness of the abdomen, and especially of the swelling, and the anxious countenance of the little patient was very evident. Mr. Travers succeeded in reducing the hernia, and nothing particular occurred afterwards. We merely mention this case of strangulated hernia as extraordinary, in occurring to a patient at such an early age.

Case of slight Injury to the Head which proved fatal after a period of three weeks.

The following case of injury of the head is highly interesting, both in a pathological and practical point of view. It affords another evidence of the extremely capricious nature of injuries done to the

head, as regards their results. For whilst on the one hand violent injuries, such as extensive wounds of the scalp, concussion, or even compression of the brain, may terminate favourably, so on the other hand a trifling injury, as a simple incised wound, may, from various causes, prove fatal. Our prognosis too in injuries of the head should be exceedingly guarded, seeing that injurious and even fatal consequences often arise after the infliction of the injury; the symptoms stealing on insidiously and attacking the patient at a period so long after the injury, that his medical attendant may be lulled into fancied security, and, perhaps, may have confidently pronounced all danger to have gone by.

James Miller, a young man, about 28 years of age, and of dark complexion, was admitted into the Hospital on Wednesday, Nov. 9th, under the care of Mr. Travers. The following particulars we gathered from his landlady, who accompanied him to the Hospital, the patient himself being unable to communicate any of the facts. It appeared from her statement, that he was a young man whose habits of life were temperate; but having indulged freely in liquor on the 24th of October, (which was sixteen days previous to his admission,) he became involved in a drunken quarrel, a scuffle ensued, and he informed his landlady that he received several blows, and that he also fell with his head upon the stones. His eyes were blackened, but he had no wound upon the scalp, nor was there any bleeding from the ears. He did not resume his accustomed avocations after the receipt of this accident, but was drooping and complaining of pain in the head.

About a week since, the symptoms increased to such a degree that he was induced to seek medical aid. We cannot accurately learn what were the symptoms he laboured under at this time, but he complained of vertigo with pain of the head, and his medical attendant cupped him. On Monday night, becoming much worse, he was seen by Mr. Tyrrell, who directed him to be bled copiously from the arm, his head to be shaved, and cold lotion to be applied. These measures were complied with, but finding that the symptoms continued urgent, he was brought to the Hospital. The following symptoms were present on Wednesday, noon: The pulse was quick (upwards of 120), and somewhat thrilling, the skin was exceedingly hot and dry, and his tongue was dry, and brownish in the centre; the cheeks were flushed, and somewhat of a purple hue; the lips pale and exsanguincous; the aspect of the countenance was dull, and expressive of an oppressed state of the brain. The eyes were suffused, and the pupils were widely dilated, which gave to the patient the appearance of having a stupid vacant stare. There was no marked intolerance of light, but there was frequent corrugation of the eye-brows and integuments of the forehead. One of the most prominent symptoms was deafness of both ears, which symptom had been present two or three days. Upon questioning him loudly where he felt pain, he referred to his head; his answers were not incoherent, but there appeared to be a difficulty of articulation. The respiration was quick and rather difficult. Mr. Travers directed the temporal artery to be opened, and twenty ounces of blood to be abstracted, the cold lotion to be afterwards continued to the head, and a blister to be applied at the nape of the neck. The bowels were well evacuated on the day previous to his admission; he was directed a powder, composed of calomel and scammony, to be taken directly, and the house physic to be given in the evening.

Nov. 10. The pulse is feeble, oppressed and very rapid, being upwards of 130; the countenance is less flushed than yesterday, but the surface of the body is equally hot, and the tongue continues dry. The respiration is hurried and thickened, and there is occasional cough. The patient is not delirious, but he lays inattentive to surrounding objects, neither has he loss of consciousness, for he got out of bed to the night stool, when the bowels were disturbed by the operation of the medicine. There is a tremor or agitation of the whole muscular system, not the subsultus tendinum, but a general agitation. We omitted to mention a fact of considerable importance, namely, that the scalp was attentively examined, and there was not the slightest evidence of injury upon any part of the skull.

11. The symptoms are much the same as those enumerated yesterday; he does not, however, appear equally sensible when any question is put, and is incapable of replying; he had also become very restless and agitated. Mr. Travers directed a blister to be applied over the whole head, but it was of no avail, the symptoms became more urgent, and the patient died at eleven o'clock on the following morning.

Post-mortem Examination.

The result of the examination of the brain after death was exceedingly unsatisfactory; the only thing observed as unnatural was an excessive fulness of the

vessels of the pia mater, which appeared to be principally arterial. The increased vascularity was so apparent at the different parts where the pia mater dips down in the convolutions of the brain, that in many places it appeared as if blood were extravasated.

A patient of Mr. Travers' was brought into the operating theatre for the purpose of having a portion of the femur removed. An incision was made of about three inches in length, and extending down to the bone, on the inner side of the rectus femoris, below where the sartorius crosses the thigh. In making the incision, a vein of considerable size was cut through, which was afterwards tied. It was found to be impossible to proceed in the operation without greatly endangering the femoral vein and artery, and therefore Mr. Travers declined proceeding any further with the operation. The circumstances which led to its adoption, were as follows: Upwards of twelve years since the patient had a severe compound fracture of the thigh, which (according to his own account) confined him to his bed for nearly two years. The femur soon after began to enlarge, and has continued gradually increasing. He came into St. Thomas's Hospital eight months since under the care of Mr. Travers. Soon after his admission, Mr. Travers cut down upon, and removed an insulated portion of bone. There is great enlargement of the whole femur existing at the present time, and there are two sinuses in the thigh. Upon the introduction of a probe into the sinus on the inside of the thigh, that portion of bone was felt which Mr. Travers attempted to remove.

ST. BARTHOLOMEW'S HOSPITAL.

Case of extensive Erysipelatous Inflammation of the Arm after Bleeding.

John Jennings, a stout healthy young waggoner, aged 24, whilst driving his team along Bishopsgate-street, was knocked down by a horse. He was picked up insensible and conveyed to a neighbouring surgeon's, where after remaining about half an hour he returned to his master's, who directed him to apply immediately at the Hospital (Oct. 24th,) for the purpose of being bled, which was done, and he was desired to go home, to take a little opening medicine, and to keep himself quiet for a few days. On the following morning he observed the orifice in the arm, to use his own expression, a little festered, and he in consequence applied a bread and water poultice to it. In this state it continued without any further increase for six days, at which time, feeling himself in other respects quite recovered from the accident, he took no further notice of it, and resumed his employment on the following day. Towards night the arm became exceedingly painful and swollen, and he passed a sleepless night. In the morning he again came to the Hospital and was admitted under the care of Mr. Lawrence.

The limb was now greatly swollen from just above the elbow-joint to near the wrist, the palmar aspect of the fore-arm, quite altering its natural appearance. The integuments of the swollen parts were at the same time of a bright red colour, tense, and when touched excessively painful. There were also red lines extending in the course of the absorbents towards the axilla, and the inflammation was evidently affecting the cellular tissue, as well as the skin itself. The constitutional symptoms were severe; the countenance was flushed, there was severe pain in the head, the skin was hot and dry, the tongue furred, pulse 118, firm and resisting. Mr. Lawrence directed him to take five grains of calomel and ten grains of jalap immediately, to be bled to 20 ounces, to have eighteen leeches applied to the arm, and saline mixture with 30 drops of solution of tartarized antimony in each dose, every four hours. Milk diet.

Dec. 2nd. Notwithstanding the active measures adopted yesterday, the swelling in the arm has increased, the pain is more acute, and the inflammation has extended. The bowels have been freely opened, and the pain in the head is little relieved. The blood drawn from the arm is neither cupped nor buffed. Pulse frequent, 112; tongue moist. Repeat the bleeding to 12 ounces, and continue the mixture with a drachm of the antimonial wine to each dose.

3d. The blood shows no appearance of inflammation. The pain in the head has subsided, and the constitutional symptoms are much relieved; but the pain, swelling, and tension of the arm continuing, two dozen leeches were ordered to be applied, and the mixture to be repeated.

4th. The mixture has induced a state of nausea, but the bowels are not open, a drachm of the sulphate of magnesia was therefore ordered to each dose of the mixture. The fore-arm is still much swollen and very painful, but the cutaneous redness is rather diminished. Two

dozen leeches to the arm immediately, and the same number to be repeated in the evening.

5th. Seven dozen and a half of leeches have now been applied, but the arm is still exceedingly tense and painful.

The treatment so far, although it has relieved the constitutional symptoms, can scarcely be said to have lessened or materially influenced the local disease; the redness, swelling, and pain continues, but does not extend beyond the parts first affected.

Mr. Lawrence to-day detected an obscure fluctuation just beneath the puncture which had been made in the arm by the lancet, and he now determined to adopt the plan recommended by Mr. Copland Hutchison. A free incision was therefore made, just at the part where the fluctuation was perceptible, towards the inner side of the arm, and a little thick thready ill-conditioned matter was discharged. The cellular substance thus appearing in a diseased state, two other free incisions were made on the front of the arm, about four inches in extent and near three in depth, through the skin and subjacent tissue. The cellular substance exposed by these latter incisions had the same diseased appearance. Bread and water poultice was ordered to be applied, and the mixture to be continued.

6th. Has passed a tolerable night; the pain in the arm is much relieved, and the redness on the anterior part of the fore-arm considerably less; the swelling around the back part of the fore-arm, elbow, and lower part of the upper arm, has, however, much increased since yesterday. Two other incisions, of about the same extent as the former, were now made through this part, but the cellular tissue was not so much diseased as the first. Features acute; pulse soft and compressible, 110. Mixture discontinued.

7th. No unfavourable symptoms; the arm and fore-arm free from inflammation, and the integuments have resumed their natural colour. The patient has had some sleep in the course of the night, and the bowels have been open once. Pulse frequent (120). Yellow resin ointment, spread on slips of lint, was ordered to be laid in the incisions, and a linseed-meal poultice to envelope the whole arm. Let him have a little wine and water occasionally.

8th. Pulse not so frequent, 112; no sleep. Ordered a drachm of the tincture of hyoscyamus at bed-time. The dressings and wine to be continued.

9th. Has had some refreshing sleep, and is going on very favourably.

10th. Improving; countenance more cheerful; complains of slight pain in the head; pulse feeble, 120. Discontinue the hyoscyamus, and increase the wine to six ounces daily.

11th. The cellular substance, where the first incision was made, is sloughing away, and the limb is nearly of its natural size. Bowels gently open; pulse feeble. Ordered eight ounces of wine daily, and meat diet.*

15th. Has gone on remarkably well. Two or three large shreds, which had partially sloughed away, were this morning removed by the knife, and the wounds are assuming a healthy aspect.

17th. The whole of the cellular membrane, exposed by the incisions, has sloughed, and separated in large ragged, dark-brown, dirty patches, having an extremely offensive smell. Some have been detached from beneath the surrounding skin of the fore-arm, and thus nearly the whole of the cellular tissue covering the muscles on the anterior portion of the fore-arm has come away. Similar, but less extensive, separations have taken place from the incisions made above the elbow. Granulations of the most healthy kind have succeeded. The pulse has become stronger and less frequent; he sleeps tolerably well, and the general symptoms are at present perfectly satisfactory. The resin ointment is continued to the surfaces, and he takes his wine and diet as before. The poultice is discontinued.

23d. Going on extremely well. The surface continues to be dressed with the resin cerate, and the skin is fast forming. To day Mr. Lawrence carefully attempted the flexion and extension of the fore-arm, which he found perfect. The food is taken with a rapacious appetite, and the man is fast recovering.

25th. The wine has been considered no longer necessary. A roller is applied around the upper and fore arm, and in a few days the patient will probably be discharged.

Case of Syphilitic Iritis.

John Rose, a young man of fair complexion, aged 20, was admitted into Lazarus's Ward, on the 27th October, under the care of Mr. Lawrence. He stated, that he had been ill nearly three months with a swelling in the groin, which had suppurated; that shortly after the first

* The meat diet consists of thick porridge; 12 oz. bread; 6 oz. mutton or beef; 1 pint of broth, with potatoes and turnips; 2 pints of beer (men); 1 pint (women); 1 oz. butter.

appearance of the bubo, a small sore came on the inner surface of the prepuce, just behind the glans, which for some time got worse. For five weeks previous to his admission he had been confined by an attack of jaundice, for which he had taken some medicine; the skin and conjunctiva are at present slightly yellow. About a week ago he was attacked with an inflammation of the eyes and eruptions over the skin. The ulcer on the penis at present is superficial, and looks healthy; a firm and somewhat thickened cicatrix is observable, clearly showing the sore to have been formerly more extensive. The present aspect of the sore in the groin is likewise healthy, and it is about the size of half a crown. A few small red papulæ are here and there scattered over the body, which suppurate and terminate in desquamation. The irides are of a dull yellowish green, and this unnatural appearance is particularly observable in the left eye; the pupils are very irregular, from partial slender adhesions of the pupillary margins to the anterior surface of the crystalline capsules. He complains of his sight being very imperfect, especially in the left eye. He has no pain in the head, nor any in the eyes, except towards night, and then it is not severe. A distinct red zone is very evident around the cornea of the left eye. The tongue is moist and clean; the bowels are regular, and the pulse natural. Mr. Lawrence considered this a well-marked case of syphilitic iritis, occurring with the primary symptoms. Let him take

Calomel, two grains;
Opium, a third of a grain, every six hours; and belladonna to be applied to the eyelids each night; milk diet.

30th. The mercury has not produced any effect on the system. Complains of great pain in the head, and has passed a very restless night in consequence. Iritis increased. The left cornea is very hazy, so much so, that the pupillary margin cannot be distinguished. The power of vision in the eye is entirely gone. Tongue furred; bowels rather torpid; pulse full, 100. Ordered to be cupped to six ounces on the left temple, to be bled from the arm to sixteen ounces, and to repeat the calomel and opium every four hours.

Nov. 1st. Is much benefited from the bleeding. Has passed a comfortable night, and the local pain is much relieved.

3d. Is considerably better. The mouth and gums have become very sore. The pills ordered to be discontinued, and merely to have the belladonna kept constantly applied. The eruptions on the body have nearly disappeared.

6th. The sores on the penis and groin have now healed, and the irides have recovered their natural hue, (bluish-grey.) The corneæ have again assumed their natural transparency, and the red zone observable in the left eye is considerably diminished. The pupils have become greatly dilated, and the adhesions are fast separating. The power of vision is also much stronger. Mr. Lawrence remarked to-day that he considered the great object in the treatment of syphilitic iritis was, to get the system affected by mercury within the first 48 hours if possible, and then to discontinue its further use.

9th. The adhesions have now nearly all given way, and the patient says he can see as well as ever he could. Continue the belladonna.

12th. No irregularity of the right, and scarcely any of the left eye can now be detected.

15th. Mr. Lawrence, on going through the ward to-day, was rather surprized that a slight degree of inflammation was again perceptible in the left eye, but the patient says he has no pain in it. Let him have five grains of blue pill three times a day. Continue the belladonna and milk diet.

16th. The eye is more injected than yesterday, and he complains of a slight degree of pain in it. Pulse 96 and full. Bowels regular, and tongue moist and clean. The calomel and opium to be again repeated as before every six hours.

18th. The mouth is again affected and with it the inflammation has decidedly lessened. Continue as before.

21st. The pain and vascularity of the eye have subsided, but the right pupil has now become adherent towards the inner angle. The slight irregularity of the left still remains. The pills and belladonna as before.

25th. Feels himself quite well, except that the mouth is very tender from the mercury, which was ordered to be discontinued. The irides are quite restored to their natural colour, and the power of vision is perfect. Two or three minute threads of adhesion, however, still continue. He remained in the Hospital until the 30th, when he was discharged cured.

OXFORD INFIRMARY.

Hæmorrhage following Amputation.

Thomas Smith was admitted into the Radcliffe Infirmary, Oxford, Feb. 3d,

with a diseased knee joint, for the purpose of having it removed. On Monday, Feb. 7th, Mr. Cleoburey amputated the thigh in the usual manner. When the vessels were secured, and the tourniquet was slackened, the femoral vein bled profusely, and not stopping by the usual means (pressure), it was found absolutely necessary to tie it; Mr. Cleoburey observing at the time that he was extremely averse to put a ligature on a vein. The stump was dressed lightly, and the man put to bed. On the second day he had a severe rigor, followed by general febrile symptoms, for which antimon. tart. and saline medicines were prescribed. On opening the stump on the third day, the discharge was not healthy, but of a sanious character; a poultice was therefore directed, and the saline medicines continued.

February 12th. The discharge more natural, but the vessels were observed pulsating on the surface of the stump, which was dressed with lint dipped in oil. Mr. C. remarked that he expected to have secondary hæmorrhage. Capiat decoct. cinchonia, a tinct gentian. et acid ter die. Haust. magnesia sulphatis pro re nata.

21st. Every thing has gone on well until yesterday evening, when the nurse went in a great hurry to say the stump was bleeding. Mr. C. came up and removed all the dressings, the lower part of the stump appeared healed; but just at the top, above the femur, there appeared an opening from which the blood had issued; a considerable quantity of blood, clearly arterial, had been lost, but on opening the stump the bleeding quite ceased, and there were no symptoms of hæmorrhage then. The bleeding not continuing, a dossil of lint was placed over the surface of the stump, and cold lotions constantly applied. In the night it burst out twice, but on exposure it immediately ceased, and we could not detect the vessel or vessels from whence the blood came. This morning about 10 o'clock, it burst out again to an alarming extent, and Mr. C. thought it advisable to open the stump, in order to find the vessels and secure them. He therefore with his fingers separated the adhesions which had formed, and at the top of the stump on one side of the bone, the femoral artery was seen pouring out its blood profusely; he then passed a crooked needle, having a strong ligature, deep through the muscles surrounding the artery, and tied it both ways, upwards and downwards; the bleeding then ceased, and a poultice was applied. The man being exhausted, wine and a nourishing diet were directed. Seven days elapsed without any further hæmorrhage, when the bleeding returned and was more profuse than hitherto; and pressure was employed till Mr. C. arrived, who removed the coagulum and secured a vessel by a ligature, but he had no sooner done this than the blood burst out from several points, and appeared to proceed from an enlargement of the veins. He therefore resolved to plug the surface with agaric and dry sponge, and to employ gentle but regular pressure; and for this purpose the patients were engaged, who sat by the bed side of the patient, and applied the palm of the hand gently against the end of the stump. The pressure was continued night and day for ten days; there was no return of the hæmorrhage, and the man is now doing well. Had the bleeding returned, Mr. C. had resolved on tying either the femoral or external iliac. Mr. C. attributes this secondary hæmorrhage entirely to the ligature of the femoral vein, which in all probability produced obliteration of it, and thus determined the blood to the femoral artery and collateral venous trunks.

Mr. Hey, who treats of secondary hæmorrhage subsequent to amputation, admits that he was in the habit of including the vein in the ligature, which, in Mr. C.'s opinion, accounts for his frequently meeting with this circumstance.

Mr. C. suggests, when the valves of the vein do not perform their office properly, to apply a bit of agaric or sponge over the surface, and employ pressure till it ceases to bleed and then dress the stump; but by no means to employ a ligature.

Another amputation for a diseased knee-joint, was performed by Mr. Cleoburey on the same day, but this went on favourably.